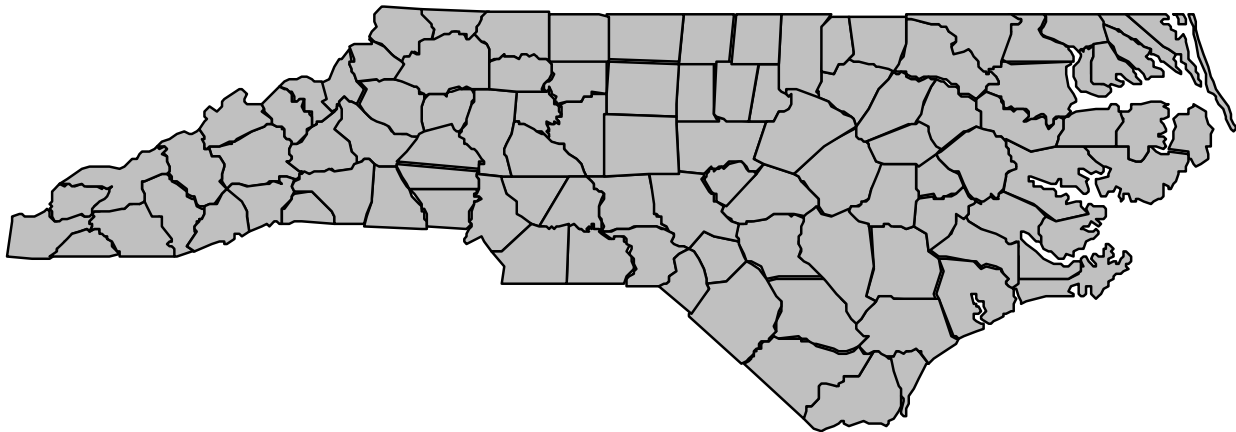


**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities,
and Substance Abuse Services**

**2005 - 2006 Performance Contract
With Local Management Entities**

**Fourth Quarter Report
April 1, 2006 - June 30, 2006**



Prepared by

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Community Policy Management Section
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services
North Carolina Department of Health and Human Services

August 2006



2005 - 2006 Performance Contract

Fourth Quarter Report

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Introduction

Background

In June 1999, the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS) developed the SFY 1999-2000 Performance Agreement to replace the memorandum of understanding that historically was signed by each Area Authority or County Program and the Division. The creation of this agreement marked a significant change in the relationship between the Division and the Area Authority and County Programs. The relationship evolved into a more businesslike association characterized by the clear statement of respective responsibilities and performance requirements geared toward major program outcomes. This shift demonstrated the Division's focus on greater accountability for the resources invested in the community-based mental health, developmental disabilities and substance abuse service system by the State and Federal governments.

A Performance Contract was developed for SFY 2004-2007 reflecting the new management functions of Area Authorities and County Programs as they transformed into Local Management Entities (LMEs). It was agreed that all LMEs would use the SFY 2003-2004 Performance Agreement for the first and second quarters of SFY 2004-2005. Those LMEs that signed the SFY 2004-2007 Performance Contract with the NC DHHS by January 2005 would follow the new Performance Contract requirements beginning in the third quarter of SFY 2004-2005. Those LMEs that were in an earlier stage of the mental health system reform process and have not signed the SFY 2004-2007 Performance Contract would continue operating under the requirements of the SFY 2003-2004 Performance Agreement. Correspondence to the Area Directors, dated October 26, 2004, provided details for this process. Twenty one of the 33 LMEs implemented the SFY 2004-2007 Performance Contract on January 2005.

State Fiscal Year 2005-2006

On July 1, 2005, 25 of the 30 LMEs implemented the SFY 2004-2007 Performance Contract. One LME implemented the Performance Contract beginning with the third quarter. One LME, Piedmont, is operating under a Medicaid Waiver and has a separate performance contract. Three LMEs are still operating under the SFY 2003-2004 Performance Agreement requirements. A table listing the LMEs under the Performance Contract vs. the Performance Agreement is provided in this report following the introduction.

As in prior agreements, the current agreements/contracts provide that the Division will publish the results of its monitoring in periodic, quarterly reports that present LME-specific performance data, comparisons to statewide data, and cross-LME comparisons.

This is the **Fourth Quarter Report** for SFY 2005-2006 under the SFY 2004-2007 Performance Contract. This report includes data on the performance requirements specified in Attachment III, System Performance, of the contract. Some requirements are tracked on a quarterly basis. Others are tracked on a semi-annual or annual basis. For reasons of economy, only those requirements with a report due in the current quarter are included in this report. Due to challenges associated with system transformation and the rescheduling of the annual audit from Spring to Fall 2005, the reporting of the measures listed below for SFY05 were deferred until the third quarter SFY06: Choice of Providers, Discharge and After-care Planning, Compliance with Diversion Law, Provider Monitoring (Policies and Procedures), Notice of Appeal Rights, Incident Management, and Accounting and Claims Adjudication.

The tables on the following pages list the report schedule, the performance requirements and standards, and LME performance under the SFY 2004-2007 Performance Contract.

Questions or Concerns

If officials of an LME have questions about any of the individual requirements reports or believe that information contained in this report is in error, they should contact their LME liaison. The LME liaison will assist in getting answers to questions and/or having errors corrected.

LMEs Reporting Under The SFY 2004-2007 Performance Contract vs.
The SFY 2003-2004 Performance Agreement

The first column of this table lists the LMEs that have signed the SFY 2004-2005 Performance Contract as of July 1, 2005 and are accountable for meeting the Performance Contract requirements. The second column lists the LMEs that will continue to use the measures in the SFY 2003-2004 Performance Agreement until the Performance Contract is signed.

LME	SFY 2004-2007 Performance Contract	SFY 2003-2004 Performance Agreement
Alamance-Caswell-Rockingham	X	
Albermarle	X	
Catawba	X	
CenterPoint	X	
Crossroads	X	
Cumberland	X	
Durham	X	
Eastpointe	X	
Edgecombe-Nash		X
Five County	X	
Foothills	X	
Guilford	X	
Johnston	X	
Mecklenburg	X	
Neuse	X	
New River	X	
Onslow-Carteret	X	
Orange-Person-Chatham	X	
Pathways	X	
Pitt	X	
Roanoke-Chowan	X ¹	
Sandhills	X	
Smoky Mountain	X	
Southeastern Center	X	
Southeastern Regional	X	
Tideland		X
Wake	X	
Western Highlands Network	X	
Wilson-Greene		X
Total	26	3

1. Roanoke-Chowan was added to the Performance Contract January 2006 (3rd Qtr SFY06).

2005 - 2006 Performance Contract Report Schedule

*The table below shows which requirements will be reported by quarter**

Requirement		1st Qtr Nov 15	2nd Qtr Feb 15	3rd Qtr May 15	4th Qtr Aug 15
1.1. General Administration and Governance					
1.1.1.	Local Business Plan Implementation	X	X	X	X
1.2. Access, Triage, and Referral					
1.2.1.	Access to Emergent Care	X	X	X	X
1.2.2.	Access to Urgent Care	X	X	X	X
1.2.3.	Access to Routine Care	X	X	X	X
1.2.4.	Access Line	X	X	X	X
1.3. Service Management					
1.3.1.	Choice of Providers		X		
1.3.2.	Discharge Planning With State Operated Services		X		
1.3.3.	After-care Planning With State Operated Services		X		
1.3.4.	Compliance With Diversion Law NCGS 122C-261(f)		X		
1.3.5.	Transition To Community Services (Community Capacity Plan) - MH	X			
1.3.5.	Transition To Community Services (Community Capacity Plan) - DD				X
1.3.5.	Transition To Community Services (Bed Day Allocations)	X	X	X	X
1.4. Provider Relations and Support					
1.4.1.	Proximity				X
1.4.2.	SB 163 Provider Monitoring	X	X	X	X
1.5. Customer Services and Consumer Rights					
1.5.1.	Consumer Rights: Proper Notice Of Appeal Rights		X		
1.6. Quality Management and Outcomes Evaluation					
1.6.1.	Quality Improvement Process				X
1.6.2.	Incident Management		X		
1.6.3.	Incident Reporting	X	X	X	X
1.7. Business Management and Accounting					
1.7.1.	Accounting and Claims Adjudication		X		
1.8. Information Management, Analysis, and Reporting					
1.8.1.	<u>System Monitoring:</u>				
1.8.1.1.	Quarterly Fiscal Monitoring Reports	X	X	X	X
1.8.1.2.	Cost Finding Report		X		
1.8.1.3.	Paybacks	This measure has been discontinued			
1.8.1.4.	SAPTBG Compliance Report		X		X
1.8.1.5.	Substance Abuse/Juvenile Justice Initiative Quarterly Report	X	X	X	X
1.8.1.6.	Work First Initiative Quarterly Reports	X	X	X	X
1.8.2.	<u>Consumer Information:</u>				
1.8.2.1.	Client Data Warehouse (CDW) - Admissions	X	X	X	X
1.8.2.2.	Client Data Warehouse (CDW) - Missing Data	This measure has been discontinued			
1.8.2.3.	Client Data Warehouse (CDW) - Unknown Data	X	X	X	X
1.8.2.4.	Client Data Warehouse (CDW) - Identifying and Demographic Records	X	X	X	X
1.8.2.5.	Client Data Warehouse (CDW) - Drug of Choice	X	X	X	X
1.8.2.7.	DD Client Outcome Inventory (DD COI)	X	X	X	X
1.8.2.9.	NC Treatment Outcomes and Program Performance System (Initial)	X	X	X	X
1.8.2.10.	NC Treatment Outcomes and Program Performance System (Update)				X
1.8.2.11.	National Core Indicators (NCI) Consents and Pre-Surveys			X	
1.8.2.13.	NC Support Needs Assessment Profile (NC-SNAP)	X	X	X	X
1.8.2.14.	Consumer Satisfaction Survey (CSS)			X	

*The dates listed for the quarterly reports are the target dates that the Division will publish the Performance Contract Report. For this to happen, individual requirement reports are due to the Report Contact/Requirement Sponsor by the 20th of the month following the end of the quarter.

**2005 - 2006 Performance Contract
Fourth Quarter Report
April 1, 2006 - June 30, 2006**

Summary of LME Clinical Performance

LME	Qtr	Percent Met (★ or ★★)	1.2.1. Access to Emergent Care	1.2.2. Access to Urgent Care	1.2.3. Access to Routine Care	1.2.4. Access Line
Mecklenburg	4	100.0%	★★		★	★★
Neuse	4	100.0%	★★	★★	★★	★★
Onslow-Carteret	4	100.0%	★★	★	★	★★
Alamance-Caswell-Rockingham	4	75.0%	★★	★★		★
Catawba	4	75.0%	★★	★		★★
Crossroads	4	75.0%	★★	★		★★
Cumberland	4	75.0%	★★	★		★★
Eastpointe	4	75.0%	★★	★		★★
Five County	4	75.0%	★★	★		★★
Foothills	4	75.0%	★★	★		★★
Guilford	4	75.0%	★★	★		★★
Johnston	4	75.0%	★★	★★		★★
Orange-Person-Chatham	4	75.0%	★★	★		★
Pathways	4	75.0%	★★		★	★★
Roanoke-Chowan	4	75.0%	★★	★		★★
Sandhills Center	4	75.0%	★★	★		★★
Western Highlands	4	75.0%	★★	★		★★
Wake	4	75.0%	★★	★		★★
Albemarle	4	50.0%	★			★★
CenterPoint	4	50.0%	★			★★
Durham	4	50.0%	★★			★★
New River	4	50.0%	★★			★★
Pitt	4	50.0%	★★			★★
Southeastern Center	4	50.0%	★★			★★
Southeastern Regional	4	50.0%	★★			★
Smoky Mountain	4	25.0%				★★

State Avg

Met Best Practice Standard Q4: ★★	48.5%	23 88.5%	3 12.0%	1 3.8%	23 88.5%
Met the SFY2006 Standard Q4: ★	20.4%	2 7.7%	13 52.0%	3 11.5%	3 11.5%
Total	68.9%	25 96.2%	16 64.0%	4 15.4%	26 100.0%

Notes:

1. ★ = Met the Current State Fiscal Year Performance Contract Standard. ★★ = Met the Best Practice Standard.
2. Percent Met only includes measures where the performance standard is applicable this quarter. It does not include measures where the results are not available this quarter.

**2005 - 2006 Performance Contract
Fourth Quarter Report
April 1, 2006 - June 30, 2006**

Summary of LME System Management Performance

LME	Qtr	System Management Percent Met ² (★ or ★★)	1.3.5. Community Capacity - DD	1.3.5. Bed-Day Allocations - Psych Hospital - Adult Admissions	1.3.5. Bed-Day Allocations - Psych Hospital - Adult Long-Term	1.3.5. Bed-Day Allocations - Psych Hospital - Child/Adolescent	1.3.5. Bed-Day Allocations - Psych Hospital - Geriatric	1.3.5. Bed-Day Allocations - ADATC	1.4.2. SB 163 Provider Monitoring - Timely Resolution	1.6.1. QI Process	1.6.3. Incident Reporting
Alamance-Caswell-Rockingham	4	100.0%		★★	★★	★★	★★	★★	★★	★	★
Guilford	4	100.0%	★★	★★	★★	★	★	★★	★★	★	★
Neuse	4	100.0%	★★	★★	★★	★	★★	★★	★	★	★
Crossroads	4	87.5%		★★	★★	★★		★★	★★	★	★
Pitt	4	87.5%		★★	★★		★★	★★	★★	★	★
Roanoke-Chowan	4	87.5%		★★	★★	★★	★★	★★	★★		★★
Sandhills Center	4	87.5%		★★	★★		★★	★★	★★	★	★
Durham	4	77.8%	★★	★★	★★	★★		★★	★	★	
Eastpointe	4	77.8%	★★	★★	★★		★★	★★	★		★
Five County	4	77.8%	★★		★★	★★		★★	★★	★	★★
Smoky Mountain	4	77.8%	★★	★★	★★			★	★★	★	★
Pathways	4	77.8%	★★	★★		★★		★★	★★	★	★
Foothills	4	75.0%		★★	★★	★★			★★	★	★
Johnston	4	75.0%		★★			★★	★★	★★	★	★
New River	4	75.0%		★★	★	★★			★★	★	★
Onslow-Carteret	4	75.0%		★★	★★			★★	★★	★	★
Southeastern Regional	4	75.0%		★★	★			★★	★★	★	★
Western Highlands	4	75.0%		★		★		★★	★★	★	★
Orange-Person-Chatham	4	66.7%	★★	★★	★★			★★		★	★
Southeastern Center	4	66.7%	★★		★★			★★	★★	★★	★
Catawba	4	62.5%				★★	★★		★★	★	★
Cumberland	4	62.5%		★				★★	★★	★★	★★
Mecklenburg	4	62.5%			★★			★★	★	★★	★
Wake	4	62.5%				★		★★	★★	★	★
CenterPoint	4	55.6%	★★		★★			★★	★★		★★
Albemarle	4	37.5%			★★				★★	★	

State Avg

Met Best Practice Standard Q4: ★★	50.9%	10 100.0%	17 65.4%	18 69.2%	9 34.6%	8 30.8%	21 80.8%	21 80.8%	3 11.5%	4 15.4%
Met the SFY2006 Standard Q4: ★	24.8%	0 0.0%	2 7.7%	2 7.7%	4 15.4%	1 3.8%	1 3.8%	4 15.4%	20 76.9%	20 76.9%
Total	75.7%	10 100.0%	19 73.1%	20 76.9%	13 50.0%	9 34.6%	22 84.6%	25 96.2%	23 88.5%	24 92.3%

- Notes:**
- ★ = Met the Current State Fiscal Year Performance Contract Standard. ★★ = Met the Best Practice Standard.
 ☆ = On track for meeting the annual Current State Fiscal Year Standard. ☆★ = On track for meeting the annual Best Practice Standard.
 - Percent Met only includes measures where the performance standard is applicable this quarter. It does not include annual measures (e.g. bed-day allocations & incident reporting) for which final results are reported at year-end.

Bed-Day Allocation Symbols (First 3 Quarters)
>>> YTD utilization has exceeded the annual allocation.
>> YTD utilization is more than 10% above the YTD prorated allocation.
> YTD utilization is less than 10% above the YTD prorated allocation.
= YTD utilization is equal to the YTD prorated allocation.
< YTD utilization is less than 10% below the YTD prorated allocation.
<< YTD utilization is more than 10% below the YTD prorated allocation.

**2005 - 2006 Performance Contract
Fourth Quarter Report
April 1, 2006 - June 30, 2006**

Summary of LME Administrative Performance

LME	Qtr	Administration Percent Met ² (★ or ★★)	1.1.1. Local Business Plan	1.8.1. Quarterly Fiscal Monitoring Reports	1.8.1.4. SAPTBG Compliance Reports	1.8.1.5. SA/JJ Initiative Quarterly Reports	1.8.1.6. Work First Initiative Quarterly Reports	1.8.2.3. CDW - Unknown Data	1.8.2.4. CDW - Identifying and Demographic Records	1.8.2.5. CDW - Drug of Choice	1.8.2.7. DD COI	1.8.2.9. NC TOPPS (Initial)	1.8.2.13. NC-SNAP
Johnston	4	100.0%	★★		★★		★	★★	★★	★★		★	★
Neuse	4	100.0%	★★		★★	★★	★★	★★	★★	★★		★★	★★
Albemarle	4	88.9%	★★		★★	★★	★★	★★	★★	★★		★★	★
CenterPoint	4	88.9%	★★		★★	★★	★★	★★	★★	★★			★
Mecklenburg	4	88.9%	★★		★★	★★	★	★★	★	★			★
Orange-Person-Chatham	4	88.9%	★★		★★	★★	★★	★★	★★	★★			★
Southeastern Center	4	88.9%	★★		★★	★★		★	★★	★★		★	★
Southeastern Regional	4	88.9%			★★	★★	★★	★★	★★	★★		★★	★
Alamance-Caswell-Rockingham	4	77.8%	★★		★★	★★		★★	★★	★★			★
Foothills	4	77.8%	★★		★★	★★		★★	★★	★★		★★	
Guilford	4	77.8%	★★		★★	★★	★★	★★	★★	★★			
Pathways	4	77.8%	★★			★★	★★	★★	★★	★★			★
Pitt	4	77.8%	★★		★★	★★	★★	★★	★★				★
Roanoke-Chowan	4	77.8%	★★		★★	★★	★★	★★	★★	★★			
Sandhills Center	4	77.8%			★	★★	★★	★★	★★	★★		★	
Catawba	4	75.0%	★★					★★	★★	★★		★	★
Crossroads	4	75.0%	★★		★★		★★	★★	★★	★★			
Cumberland	4	66.7%	★★			★★	★★	★★	★★	★★			
Durham	4	66.7%	★★			★★	★★	★★	★★	★★			
New River	4	62.5%	★★		★★			★★	★★	★			
Onslow-Carteret	4	62.5%			★★		★★	★★	★★	★★			
Smoky Mountain	4	62.5%	★★				★	★★	★★				★
Five County	4	55.6%	★★			★★	★		★★				★
Wake	4	55.6%				★★	★	★★	★★	★★			
Western Highlands	4	55.6%	★★			★★		★★	★★	★★			
Eastpointe	4	44.4%	★★				★★	★★	★★				

Because the report due date is after the quarter, results will be reported in SFY07 Q1 report.

The fourth quarter's results will be provided next quarter pending resolution of differences in medical record numbers between LMEs and their contracted providers.

State Avg

Met Best Practice Standard Q4: ★★	63.9%	22 84.6%	0 0.0%	15 57.7%	19 100.0%	15 57.7%	24 92.3%	25 96.2%	20 76.9%	0 0.0%	4 15.4%	1 3.8%
Met the SFY2006 Standard Q4: ★	11.9%	0 0.0%	0 0.0%	1 3.8%	0 0.0%	5 19.2%	1 3.8%	1 3.8%	2 7.7%	0 0.0%	4 15.4%	13 50.0%
Total	75.8%	22 84.6%	0 0.0%	16 61.5%	19 100.0%	20 76.9%	25 96.2%	26 100.0%	22 84.6%	0 0.0%	8 30.8%	14 53.8%

Notes:

- ★ = Met the Current State Fiscal Year Performance Contract Standard. ★★ = Met the Best Practice Standard.
★ = On track for meeting the annual Current State Fiscal Year Standard. ★★ = On track for meeting the annual Best Practice Standard.
- Percent Met only includes measures where the performance standard is applicable this quarter. It does not include measures where the results are not available this quarter or annual measures (e.g. Work First until year-end).

2005 - 2006 Performance Contract
Third Quarter Report
January 1, 2006 - March 31, 2006

General Administration and Governance.
1.1.1. Local Business Plan Implementation

Performance Requirement: LME submits a quarterly update report by the 30th day of the month following the end of each quarter. Reports shall be submitted on time, show evidence of Local Business Plan implementation and modification, and contain a signed statement by the Consumer and Family Advisory Council (CFAC) indicating it was given an opportunity to review and comment on the report and any modifications.

Best Practice Standard: 100% of reports are received by the due date, show evidence of implementation, and contain a signed CFAC statement.

SFY 2006 Standard: Same as Best Practice Standard.

Local Management Entity	1st Qtr Report (Due 10/30/05)				2nd Qtr Report (Due 1/30/06)				3rd Qtr Report (Due 4/30/06)				4th Qtr Report (Due 7/30/06)			
	Date Received ¹	Evidence Implementation	CFAC Statement	Standard Met ²	Date Received ¹	Evidence Implementation	CFAC Statement	Standard Met ²	Date Received ¹	Evidence Implementation	CFAC Statement	Standard Met ²	Date Received ¹	Evidence Implementation	CFAC Statement	Standard Met ²
Alamance-Caswell-Rockingham	10/28/05	Yes	Yes	★★	1/30/06	Yes	Yes	★★	4/28/06	Yes	Yes	★★	7/28/06	Yes	Yes	★★
Albemarle	10/28/05	Yes	Yes	★★	1/30/06	Yes	Yes	★★	4/28/06	Yes	Yes	★★	7/28/06	Yes	Yes	★★
Catawba	10/17/05	Yes	Yes	★★	1/17/06	Yes	Yes	★★	4/13/06	Yes	Yes	★★	7/6/06	Yes	Yes	★★
CenterPoint	10/28/05	Yes	Yes	★★	1/30/06	Yes	Yes	★★	4/28/06	Yes	Yes	★★	7/17/06	Yes	Yes	★★
Crossroads	10/28/05	Yes	Yes	★★	1/24/06	Yes	Yes	★★	4/25/06	Yes	Yes	★★	7/13/06	Yes	Yes	★★
Cumberland	10/24/05	Yes	Yes	★★	1/24/06	Yes	Yes	★★	4/14/06	Yes	Yes	★★	7/26/06	Yes	Yes	★★
Durham	10/14/05	Yes	Yes	★★	1/17/06	Yes	Yes	★★	4/13/06	Yes	Yes	★★	7/14/06	Yes	Yes	★★
Eastpointe	10/28/05	Yes	Yes	★★	1/24/06	Yes	Yes	★★	4/17/06	Yes	Yes	★★	7/18/06	Yes	Yes	★★
Edgecombe-Nash	Subject to Performance Agreement				Subject to Performance Agreement				Subject to Performance Agreement				Subject to Performance Agreement			
Five County	10/28/05	Yes	Yes	★★	1/27/06	Yes	Yes	★★	4/28/06	Yes	Yes	★★	7/19/06	Yes	Yes	★★
Foothills	10/30/05	Yes	Yes	★★	1/30/06	Yes	Yes	★★	4/28/06	Yes	Yes	★★	7/28/06	Yes	Yes	★★
Guilford	10/17/05	Yes	Yes	★★	1/13/06	Yes	Yes	★★	4/17/06	Yes	Yes	★★	7/12/06	Yes	Yes	★★
Johnston	10/24/05	Yes	Yes	★★	1/26/06	Yes	Yes	★★	4/24/06	Yes	Yes	★★	7/27/06	Yes	Yes	★★
Mecklenburg	10/28/05	Yes	Yes	★★	1/30/06	Yes	Yes	★★	4/28/06	Yes	Yes	★★	7/25/06	Yes	Yes	★★
Neuse	10/4/05	Yes	Yes	★★	1/10/06	Yes	Yes	★★	4/6/06	Yes	Yes	★★	7/5/06	Yes	Yes	★★
New River	10/30/05	Yes	Yes	★★	1/27/06	Yes	Yes	★★	4/24/06	Yes	Yes	★★	7/19/06	Yes	Yes	★★
Onslow-Carteret	10/28/05	Yes	Yes	★★	1/30/06	Yes	Yes	★★	4/27/06	Yes	Yes	★★	7/31/06	Yes	Yes	
Orange-Person-Chatham	10/18/05	Yes	Yes	★★	1/24/06	Yes	Yes	★★	4/28/06	Yes	Yes	★★	7/25/06	Yes	Yes	★★
Pathways	10/27/05	Yes	Yes	★★	1/20/06	Yes	Yes	★★	4/28/06	Yes	Yes	★★	7/27/06	Yes	Yes	★★
Pitt	10/30/05	Yes	Yes	★★	1/30/06	Yes	Yes	★★	4/30/06	Yes	Yes	★★	7/28/06	Yes	Yes	★★
Roanoke-Chowan	Subject to Performance Agreement				Subject to Performance Agreement				4/26/06	Yes	Yes	★★	7/28/06	Yes	Yes	★★
Sandhills Center	10/30/05	Yes	Yes	★★	1/30/06	Yes	Yes	★★	4/28/06	Yes	Yes	★★	7/31/06	Yes	Yes	
Smoky Mountain	10/30/05	Yes	Yes	★★	1/30/06	Yes	Yes	★★	4/28/06	Yes	Yes	★★	7/28/06	Yes	Yes	★★
Southeastern Center	10/25/05	Yes	Yes	★★	1/20/06	Yes	Yes	★★	4/25/06	Yes	Yes	★★	7/18/06	Yes	Yes	★★
Southeastern Regional	10/27/05	Yes	Yes	★★	1/30/06	Yes	Yes	★★	4/28/06	Yes	Yes	★★	7/31/06	Yes	Yes	
Tideland	Subject to Performance Agreement				Subject to Performance Agreement				Subject to Performance Agreement				Subject to Performance Agreement			
Wake	10/28/05	Yes	Yes	★★	1/30/06	Yes	Yes	★★	4/30/06	Yes	Yes	★★	7/31/06	Yes	Yes	
Western Highlands	10/30/05	Yes	Yes	★★	1/30/06	Yes	Yes	★★	5/2/06	Yes	Yes		7/2/06	Yes	Yes	★★
Wilson-Greene	Subject to Performance Agreement				Subject to Performance Agreement				Subject to Performance Agreement				Subject to Performance Agreement			

Number and Percent of LMEs that met the Best Practice Standard: 25 (96.2%)

25 (96.2%)

25 (96.2%)

22 (84.6%)

Notes:

1. Dates that are shaded and in bold font indicate reports that are not received by the due date.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

2005 - 2006 Performance Contract
Fourth Quarter Report
April 1, 2006 - June 30, 2006

Access, Triage and Referral.
1.2.1. Access to Emergent Care (Current Quarter Detailed Report)

Performance Requirement: LME maintains a log for each request for service and submits a quarterly report by the 20th day of the month following the end of the quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need emergent care, and the number and percent for which access was available within 2 hours of the request. Access is defined as having a qualified provider on the physical premises ready to provide immediate care as soon as the consumer is available to receive care.

Best Practice Standard: 100% of cases that are determined to need emergent care are provided access within 2 hours from the date/time of request.
SFY 2006 Standard: 85% of cases that are determined to need emergent care are provided access within 2 hours from the date/time of request.

Local Management Entity	Date Report Received ¹	# Persons Requesting Services	Emergent Care								
			Determined To Need		Provided Within 2 Hours		Access Available But Not Seen ² in 2 Hours		Total Provided Access Within 2 Hours ³		
			# Persons	% Persons Requesting Services	# Persons	% Persons Determined To Need	# Persons	% Persons Determined To Need	# Persons	% Persons ⁴ Determined To Need	Met Std ⁵
Alamance-Caswell-Rockingham	7/14/06	2,006	327	16.3%	324	99.1%	3	0.9%	327	100.0%	★★
Albemarle	7/19/06	1,239	187	15.1%	177	94.7%	0	0.0%	177	94.7%	★
Catawba	7/17/06	2,003	13	0.6%	11	84.6%	2	15.4%	13	100.0%	★★
CenterPoint	7/20/06	3,219	1,240	38.5%	1,106	89.2%	130	10.5%	1,236	99.7%	★
Crossroads	7/10/06	1,983	144	7.3%	143	99.3%	1	0.7%	144	100.0%	★★
Cumberland	7/19/06	1,029	30	2.9%	30	100.0%	0	0.0%	30	100.0%	★★
Durham	7/20/06	1,613	205	12.7%	205	100.0%	0	0.0%	205	100.0%	★★
Eastpointe	7/20/06	1,055	59	5.6%	59	100.0%	0	0.0%	59	100.0%	★★
Edgecombe-Nash	Subject to Performance Agreement										
Five County	7/14/06	1,627	686	42.2%	686	100.0%	0	0.0%	686	100.0%	★★
Foothills	7/19/06	2,270	383	16.9%	379	99.0%	4	1.0%	383	100.0%	★★
Guilford	7/14/06	2,931	1,387	47.3%	1,387	100.0%	0	0.0%	1,387	100.0%	★★
Johnston	7/19/06	519	9	1.7%	9	100.0%	0	0.0%	9	100.0%	★★
Mecklenburg	7/17/06	1,517	24	1.6%	9	37.5%	15	62.5%	24	100.0%	★★
Neuse	7/20/06	343	6	1.7%	6	100.0%	0	0.0%	6	100.0%	★★
New River	7/17/06	1,902	47	2.5%	33	70.2%	14	29.8%	47	100.0%	★★
Onslow-Carteret	7/20/06	1,232	197	16.0%	197	100.0%	0	0.0%	197	100.0%	★★
Orange-Person-Chatham	7/18/06	711	130	18.3%	130	100.0%	0	0.0%	130	100.0%	★★
Pathways	7/18/06	2,245	602	26.8%	596	99.0%	6	1.0%	602	100.0%	★★
Pitt	7/20/06	723	61	8.4%	61	100.0%	0	0.0%	61	100.0%	★★
Roanoke-Chowan	7/18/06	1,181	52	4.4%	52	100.0%	0	0.0%	52	100.0%	★★
Sandhills Center	7/20/06	2,407	266	11.1%	261	98.1%	5	1.9%	266	100.0%	★★
Smoky Mountain	Not Rec'd										
Southeastern Center	7/19/06	2,576	891	34.6%	864	97.0%	27	3.0%	891	100.0%	★★
Southeastern Regional	7/19/06	1,468	58	4.0%	57	98.3%	1	1.7%	58	100.0%	★★
Tideland	Subject to Performance Agreement										
Wake	7/20/06	2,195	408	18.6%	357	87.5%	51	12.5%	408	100.0%	★★
Western Highlands	7/20/06	2,272	329	14.5%	329	100.0%	0	0.0%	329	100.0%	★★
Wilson-Greene	Subject to Performance Agreement										
Total		42,266	7,741	18.3%	7,468	96.5%	259	3.3%	7,727	99.8%	★

Number and Pct of LMEs that met the Best Practice Standard:

23 (88.5%)

Number and Pct of LMEs that met the SFY 2006 Standard:

2 (7.7%)

Total

25 (96.2%)

Notes:

- Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.
- Access Available But Not Seen** is defined as a qualified provider was on the physical premises ready to provide immediate care as soon as the consumer was available to receive care, but a face-to-face service was not provided within 2 hours of the request for services because the consumer was not available within this time frame to receive it.
- Total Provided Access Within 2 Hours** includes consumers provided emergency care + consumers provided access but not seen within 2 hours of the request
- Percents that are less than 85% are shaded and in bold font.
- ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

2005 - 2006 Performance Contract
Third Quarter Report
January 1, 2006 - March 31, 2006

Access, Triage and Referral.
1.2.1. Access to Emergent Care (Year-to-Date Summary Report)

Performance Requirement: LME maintains a log for each request for service and submits a quarterly report by the 20th day of the month following the end of each quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need emergent care, and the number and percent for which access was available within 2 hours of the request. Access is defined as having a qualified provider on the physical premises ready to provide immediate care as soon as the consumer is available to receive care.

Best Practice Standard: 100% of cases that are determined to need emergent care are provided access within 2 hours from the date/time of request.
SFY 2006 Standard: 85% of cases that are determined to need emergent care are provided access within 2 hours from the date/time of request.

Local Management Entity	1st Quarter							2nd Quarter							3rd Quarter							4th Quarter						
	Date Report Rec'd ¹	# Persons Requesting Services	Determined to Need Emergent		Access Available Within 2 Hours			Date Report Rec'd ¹	# Persons Requesting Services	Determined to Need Emergent		Access Available Within 2 Hours			Date Report Rec'd ¹	# Persons Requesting Services	Determined to Need Emergent		Access Available Within 2 Hours			Date Report Rec'd ¹	# Persons Requesting Services	Determined to Need Emergent		Access Available Within 2 Hours		
			#	%	#	%	Met Std ²			#	%	#	%	Met Std ²			#	%	#	%	Met Std ²			#	%	#	%	Met Std ²
Alamance-Caswell-Rockingham	10/28/05	1,448	345	23.8%	345	100.0%	★★	1/20/06	1,462	335	22.9%	335	100.0%	★★	4/20/06	2,429	388	16.0%	388	100.0%	★★	7/14/06	2,006	327	16.3%	327	100.0%	★★
Albemarle	10/20/05	1,300	61	4.7%	61	100.0%	★★	1/19/06	1,227	33	2.7%	33	100.0%	★★	4/17/06	1,312	165	12.6%	164	99.4%	★	7/19/06	1,239	187	15.1%	177	94.7%	★
Catawba	10/18/05	1,783	26	1.5%	26	100.0%	★★	1/13/06	1,812	14	0.8%	14	100.0%	★★	4/19/06	1,891	10	0.5%	10	100.0%	★★	7/17/06	2,003	13	0.6%	13	100.0%	★★
CenterPoint	10/14/05	3,525	579	16.4%	579	100.0%	★★	1/13/06	3,637	686	18.9%	686	100.0%	★★	4/18/06	3,565	830	23.3%	830	100.0%	★★	7/20/06	3,219	1,240	38.5%	1,236	99.7%	★
Crossroads	10/10/05	2,002	286	14.3%	286	100.0%	★★	1/9/06	1,818	199	10.9%	199	100.0%	★★	4/10/06	2,351	47	2.0%	47	100.0%	★★	7/10/06	1,983	144	7.3%	144	100.0%	★★
Cumberland	10/20/05	1,584	156	9.8%	154	98.7%	★	1/19/06	1,207	107	8.9%	106	99.1%	★	4/20/06	1,386	99	7.1%	99	100.0%	★★	7/19/06	1,029	30	2.9%	30	100.0%	★★
Durham	10/20/05	1,565	210	13.4%	210	100.0%	★★	1/19/06	1,325	200	15.1%	200	100.0%	★★	4/20/06	1,663	202	12.1%	202	100.0%	★★	7/20/06	1,613	205	12.7%	205	100.0%	★★
Eastpointe	10/25/05	1,231	54	4.4%	54	100.0%	★★	1/20/06	1,043	61	5.8%	61	100.0%	★★	4/19/06	1,181	62	5.2%	62	100.0%	★★	7/20/06	1,055	59	5.6%	59	100.0%	★★
Edgecombe-Nash	Subject to Performance Agreement							Subject to Performance Agreement							Subject to Performance Agreement													
Five County	10/19/05	1,559	432	27.7%	428	99.1%	★	1/20/06	1,864	590	31.7%	589	99.8%	★	4/20/06	1,893	593	31.3%	593	100.0%	★★	7/14/06	1,627	686	42.2%	686	100.0%	★★
Foothills	10/20/05	2,629	395	15.0%	395	100.0%	★★	2/3/06	1,786	309	17.3%	309	100.0%	★★	4/13/06	2,547	354	13.9%	354	100.0%	★★	7/19/06	2,270	383	16.9%	383	100.0%	★★
Guilford	10/11/05	6,270	969	15.5%	969	100.0%	★★	1/10/06	6,225	1,178	18.9%	1,178	100.0%	★★	4/10/06	2,799	1,365	48.8%	1,365	100.0%	★★	7/14/06	2,931	1,387	47.3%	1,387	100.0%	★★
Johnston	10/20/05	492	2	0.4%	2	100.0%	★★	1/20/06	604	3	0.5%	3	100.0%	★★	4/19/06	561	7	1.2%	7	100.0%	★★	7/19/06	519	9	1.7%	9	100.0%	★★
Mecklenburg	10/13/05	1,587	16	1.0%	16	100.0%	★★	1/17/06	1,138	33	2.9%	33	100.0%	★★	4/12/06	1,189	31	2.6%	31	100.0%	★★	7/17/06	1,517	24	1.6%	24	100.0%	★★
Neuse	10/18/05	959	309	32.2%	309	100.0%	★★	1/20/06	949	272	28.7%	272	100.0%	★★	4/6/06	838	275	32.8%	275	100.0%	★★	7/20/06	343	6	1.7%	6	100.0%	★★
New River	10/19/05	3,815	140	3.7%	140	100.0%	★★	1/17/06	2,941	70	2.4%	70	100.0%	★★	4/19/06	3,367	64	1.9%	64	100.0%	★★	7/17/06	1,902	47	2.5%	47	100.0%	★★
Onslow-Carteret	10/20/05	1,511	138	9.1%	138	100.0%	★★	1/19/06	1,487	138	9.3%	138	100.0%	★★	4/20/06	1,363	376	27.6%	376	100.0%	★★	7/20/06	1,232	197	16.0%	197	100.0%	★★
Orange-Person-Chatham	10/13/05	561	2	0.4%	2	100.0%	★★	1/18/06	785	129	16.4%	129	100.0%	★★	4/19/06	877	199	22.7%	199	100.0%	★★	7/18/06	711	130	18.3%	130	100.0%	★★
Pathways	10/20/05	2,184	492	22.5%	492	100.0%	★★	1/20/06	1,894	691	36.5%	691	100.0%	★★	4/19/06	2,346	761	32.4%	761	100.0%	★★	7/18/06	2,245	602	26.8%	602	100.0%	★★
Pitt	10/20/05	631	47	7.4%	47	100.0%	★★	1/20/06	597	47	7.9%	47	100.0%	★★	4/19/06	765	84	11.0%	84	100.0%	★★	7/20/06	723	61	8.4%	61	100.0%	★★
Roanoke-Chowan	Subject to Performance Agreement							Subject to Performance Agreement							4/13/06	1,238	79	6.4%	79	100.0%	★★	7/18/06	1,181	52	4.4%	52	100.0%	★★
Sandhills Center	10/20/05	3,118	732	23.5%	732	100.0%	★★	1/20/06	2,694	532	19.7%	532	100.0%	★★	4/19/06	1,969	263	13.4%	263	100.0%	★★	7/20/06	2,407	266	11.1%	266	100.0%	★★
Smoky Mountain	10/12/05	870	297	34.1%	297	100.0%	★★	2/1/06	1,487	270	18.2%	270	100.0%	★★	4/19/06	1,763	240	13.6%	240	100.0%	★★	Not Rec'd						
Southeastern Center	10/14/05	1,640	8	0.5%	8	100.0%	★★	1/17/06	1,123	23	2.0%	23	100.0%	★★	4/13/06	2,397	367	15.3%	367	100.0%	★★	7/19/06	2,576	891	34.6%	891	100.0%	★★
Southeastern Regional	10/21/05	1,148	41	3.6%	40	97.6%	★	1/19/06	1,260	44	3.5%	44	100.0%	★★	4/18/06	1,686	43	2.6%	43	100.0%	★★	7/19/06	1,468	58	4.0%	58	100.0%	★★
Tideland	Subject to Performance Agreement							Subject to Performance Agreement							Subject to Performance Agreement													
Wake	10/20/05	2,396	390	16.3%	390	100.0%	★★	1/20/06	1,857	339	18.3%	339	100.0%	★★	4/20/06	2,421	387	16.0%	387	100.0%	★★	7/20/06	2,195	408	18.6%	408	100.0%	★★
Western Highlands	10/28/05	2,701	212	7.8%	212	100.0%	★★	1/20/06	3,237	349	10.8%	349	100.0%	★★	4/19/06	3,291	414	12.6%	414	100.0%	★★	7/20/06	2,272	329	14.5%	329	100.0%	★★
Wilson-Greene	Subject to Performance Agreement							Subject to Performance Agreement							Subject to Performance Agreement													
Totals		48,509	6,339	13.1%	6,332	99.9%	★		45,459	6,652	14.6%	6,650	100.0%	★★		49,088	7,705	15.7%	7,704	100.0%	★★		42,266	7,741	18.3%	7,727	99.8%	★

Number and Pct of LMEs that met the Best Practice Standard:

22 (88%)

23 (92%)

25 (96.2%)

23 (88.5%)

Number and Pct of LMEs that met the SFY 2006 Standard:

3 (12%)

2 (8%)

1 (3.8%)

2 (7.7%)

Total

25 (100%)

25 (100%)

26 (100%)

25 (96.2%)

Notes:

1. Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

2005 - 2006 Performance Contract
Fourth Quarter Report
April 1, 2006 - June 30, 2006

Access, Triage and Referral.
1.2.2. Access to Urgent Care (Current Quarter Detailed Report)

Performance Requirement: LME maintains a log for each request for service and submits a quarterly report by the 20th day of the month following the end of each quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need urgent care, and the number and percent for which a face-to-face service (assessment and/or treatment) is provided within 48 hours of the request.

Best Practice Standard: 100% of cases that are determined to need urgent care are provided a face-to-face service (assessment and/or treatment) within 48 hours from the date/time of request.

SFY 2006 Standard: 85% of cases that are determined to need urgent care are provided a face-to-face service (assessment and/or treatment) within 48 hours from the date/time of request.

Local Management Entity	Date Report Received¹	# Persons Requesting Services	Urgent Care									% Provided Access Including Declined + No Show
			Determined To Need		Provided Within 48 Hours			Offered But Declined²		Scheduled - No Show		
			# Persons	% Persons Requesting Services	# Persons	% Persons³ Determined To Need	Met Std⁴	# Persons	% Persons Determined To Need	# Persons	% Persons Determined To Need	
Alamance-Caswell-Rockingham	7/14/06	2,006	40	2.0%	40	100.0%	★★	0	0.0%	0	0.0%	100.0%
Albemarle	7/19/06	1,239	209	16.9%	168	80.4%		8	3.8%	18	8.6%	92.8%
Catawba	7/17/06	2,003	25	1.2%	24	96.0%	★	0	0.0%	1	4.0%	100.0%
CenterPoint	7/20/06	3,219	295	9.2%	221	74.9%		18	6.1%	22	7.5%	88.5%
Crossroads	7/10/06	1,983	320	16.1%	300	93.8%	★	3	0.9%	8	2.5%	97.2%
Cumberland	7/19/06	1,029	184	17.9%	157	85.3%	★	7	3.8%	16	8.7%	97.8%
Durham	7/20/06	1,613	654	40.5%	486	74.3%		1	0.2%	133	20.3%	94.8%
Eastpointe	7/20/06	1,055	27	2.6%	23	85.2%	★	3	11.1%	1	3.7%	100.0%
Edgecombe-Nash	Subject to Performance Agreement											
Five County	7/14/06	1,627	31	1.9%	30	96.8%	★	1	3.2%	0	0.0%	100.0%
Foothills	7/19/06	2,270	159	7.0%	154	96.9%	★	5	3.1%	0	0.0%	100.0%
Guilford	7/14/06	2,931	129	4.4%	126	97.7%	★	2	1.6%	1	0.8%	100.0%
Johnston	7/19/06	519	25	4.8%	25	100.0%	★★	0	0.0%	0	0.0%	100.0%
Mecklenburg	7/17/06	1,517	0	0.0%								
Neuse	7/20/06	343	68	19.8%	68	100.0%	★★	0	0.0%	0	0.0%	100.0%
New River	7/17/06	1,902	375	19.7%	317	84.5%		21	5.6%	23	6.1%	96.3%
Onslow-Carteret	7/20/06	1,232	372	30.2%	366	98.4%	★	5	1.3%	1	0.3%	100.0%
Orange-Person-Chatham	7/18/06	711	91	12.8%	78	85.7%	★	3	3.3%	5	5.5%	94.5%
Pathways	7/18/06	2,245	528	23.5%	432	81.8%		24	4.5%	72	13.6%	100.0%
Pitt	7/20/06	723	59	8.2%	38	64.4%		9	15.3%	12	20.3%	100.0%
Roanoke-Chowan	7/18/06	1,181	33	2.8%	31	93.9%	★	2	6.1%	0	0.0%	100.0%
Sandhills Center	7/20/06	2,407	181	7.5%	162	89.5%	★	1	0.6%	18	9.9%	100.0%
Smoky Mountain	Not Rec'd											
Southeastern Center	7/19/06	2,576	369	14.3%	138	37.4%		167	45.3%	64	17.3%	100.0%
Southeastern Regional	7/19/06	1,468	103	7.0%	73	70.9%		21	20.4%	9	8.7%	100.0%
Tideland	Subject to Performance Agreement											
Wake	7/20/06	2,195	324	14.8%	296	91.4%	★	16	4.9%	12	3.7%	100.0%
Western Highlands	7/20/06	2,272	210	9.2%	179	85.2%	★	5	2.4%	10	4.8%	92.4%
Wilson-Greene	Subject to Performance Agreement											
Total		42,266	4,811	11.4%	3,932	81.7%		322	6.7%	426	8.9%	97.3%

Number and Pct of LMEs that met the Best Practice Standard:

3 (12%)

Number and Pct of LMEs that met the SFY 2006 Standard:

13 (52%)

Total

16 (64%)

Notes:

- Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.
- Offered But Declined includes consumers that were offered an appointment within the target time frame but declined for personal convenience or necessity and requested a later appointment; or were scheduled for an appointment within the target time frame but called and rescheduled it to a later time.
- Percents that are less than 85% are shaded and in bold font.
- ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.
- If the number of persons determined to need this level of care equals "0", the performance standard will not apply and the "Met Std" will be grayed out.

2005 - 2006 Performance Contract
Third Quarter Report
January 1, 2006 - March 31, 2006

Access, Triage and Referral.
1.2.2. Access to Urgent Care (Year-to-Date Summary Report)

Performance Requirement: LME maintains a log for each request for service and submits a quarterly report by the 20th day of the month following the end of each quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need urgent care, and the number and percent for which a face-to-face service (assessment and/or treatment) is provided within 48 hours of the request.

Best Practice Standard: 100% of cases that are determined to need urgent care are provided a face-to-face service (assessment and/or treatment) within 48 hours from the date/time of request.

SFY 2006 Standard: 85% of cases that are determined to need urgent care are provided a face-to-face service (assessment and/or treatment) within 48 hours from the date/time of request.

Area Authority/ County Program	1st Quarter							2nd Quarter							3rd Quarter							4th Quarter						
	Date Report Rec'd ¹	# Persons Requesting Services	Determined to Need Urgent		Provided Within 48 Hours			Date Report Rec'd ¹	# Persons Requesting Services	Determined to Need Urgent		Provided Within 48 Hours			Date Report Rec'd ¹	# Persons Requesting Services	Determined to Need Urgent		Provided Within 48 Hours			Date Report Rec'd ¹	# Persons Requesting Services	Determined to Need Urgent		Provided Within 48 Hours		
			#	%	#	%	Met Std ²			#	%	#	%	Met Std ²			#	%	#	%	Met Std ²			#	%	#	%	Met Std ²
Alamance-Caswell-Rockingham	10/28/05	1,448	40	2.8%	37	92.5%	★	1/20/06	1,462	47	3.2%	47	100.0%	★★	4/20/06	2,429	53	2.2%	53	100.0%	★★	7/14/06	2,006	40	2.0%	40	100.0%	★★
Albemarle	10/20/05	1,300	328	25.2%	298	90.9%	★	1/19/06	1,227	160	13.0%	131	81.9%		4/17/06	1,312	216	16.5%	197	91.2%	★	7/19/06	1,239	209	16.9%	168	80.4%	
Catawba	10/18/05	1,783	25	1.4%	24	96.0%	★	1/13/06	1,812	11	0.6%	8	72.7%		4/19/06	1,891	13	0.7%	13	100.0%	★★	7/17/06	2,003	25	1.2%	24	96.0%	★
CenterPoint	10/14/05	3,525	130	3.7%	NR ³	0.0%		1/13/06	3,637	0	0.0%				4/18/06	3,565	611	17.1%	505	82.7%		7/20/06	3,219	295	9.2%	221	74.9%	
Crossroads	10/10/05	2,002	114	5.7%	107	93.9%	★	1/9/06	1,818	289	15.9%	272	94.1%	★	4/10/06	2,351	486	20.7%	457	94.0%	★	7/10/06	1,983	320	16.1%	300	93.8%	★
Cumberland	10/20/05	1,584	105	6.6%	87	82.9%		1/19/06	1,207	79	6.5%	57	72.2%		4/20/06	1,386	134	9.7%	112	83.6%		7/19/06	1,029	184	17.9%	157	85.3%	★
Durham	10/20/05	1,565	499	31.9%	498	99.8%	★	1/19/06	1,325	423	31.9%	381	90.1%	★	4/20/06	1,663	701	42.2%	697	99.4%	★	7/20/06	1,613	654	40.5%	486	74.3%	
Eastpointe	10/25/05	1,231	25	2.0%	25	100.0%	★★	1/20/06	1,043	29	2.8%	29	100.0%	★★	4/19/06	1,181	37	3.1%	28	75.7%		7/20/06	1,055	27	2.6%	23	85.2%	★
Edgecombe-Nash	Subject to Performance Agreement							Subject to Performance Agreement							Subject to Performance Agreement							Subject to Performance Agreement						
Five County	10/19/05	1,559	132	8.5%	115	87.1%	★	1/20/06	1,864	119	6.4%	116	97.5%	★	4/20/06	1,893	53	2.8%	51	96.2%	★	7/14/06	1,627	31	1.9%	30	96.8%	★
Foothills	10/20/05	2,629	196	7.5%	196	100.0%	★★	2/3/06	1,786	165	9.2%	165	100.0%	★★	4/13/06	2,547	169	6.6%	164	97.0%	★	7/19/06	2,270	159	7.0%	154	96.9%	★
Guilford	10/11/05	6,270	27	0.4%	23	85.2%	★	1/10/06	6,225	10	0.2%	10	100.0%	★★	4/10/06	2,799	53	1.9%	49	92.5%	★	7/14/06	2,931	129	4.4%	126	97.7%	★
Johnston	10/20/05	492	7	1.4%	7	100.0%	★★	1/20/06	604	3	0.5%	3	100.0%	★★	4/19/06	561	21	3.7%	21	100.0%	★★	7/19/06	519	25	4.8%	25	100.0%	★★
Mecklenburg	10/13/05	1,587	6	0.4%	6	100.0%	★★	1/17/06	1,138	0	0.0%				4/12/06	1,189	0	0.0%				7/17/06	1,517	0	0.0%			
Neuse	10/18/05	959	99	10.3%	96	97.0%	★	1/20/06	949	176	18.5%	176	100.0%	★★	4/6/06	838	93	11.1%	92	98.9%	★	7/20/06	343	68	19.8%	68	100.0%	★★
New River	10/19/05	3,815	715	18.7%	711	99.4%	★	1/17/06	2,941	620	21.1%	613	98.9%	★	4/19/06	3,367	530	15.7%	518	97.7%	★	7/17/06	1,902	375	19.7%	317	84.5%	
Onslow-Carteret	10/20/05	1,511	755	50.0%	747	98.9%	★	1/19/06	1,487	710	47.7%	702	98.9%	★	4/20/06	1,363	598	43.9%	591	98.8%	★	7/20/06	1,232	372	30.2%	366	98.4%	★
Orange-Person-Chatham	10/13/05	561	23	4.1%	17	73.9%		1/18/06	785	83	10.6%	82	98.8%	★	4/19/06	877	189	21.6%	157	83.1%		7/18/06	711	91	12.8%	78	85.7%	★
Pathways	10/20/05	2,184	391	17.9%	373	95.4%	★	1/20/06	1,894	367	19.4%	326	88.8%	★	4/19/06	2,346	554	23.6%	517	93.3%	★	7/18/06	2,245	528	23.5%	432	81.8%	
Pitt	10/20/05	631	66	10.5%	41	62.1%		1/20/06	597	47	7.9%	33	70.2%		4/19/06	765	50	6.5%	32	64.0%		7/20/06	723	59	8.2%	38	64.4%	
Roanoke-Chowan	Subject to Performance Agreement							Subject to Performance Agreement							4/13/06	1,238	60	4.8%	41	68.3%		7/18/06	1,181	33	2.8%	31	93.9%	★
Sandhills Center	10/20/05	3,118	466	14.9%	409	87.8%	★	1/20/06	2,694	347	12.9%	324	93.4%	★	4/19/06	1,969	173	8.8%	150	86.7%	★	7/20/06	2,407	181	7.5%	162	89.5%	★
Smoky Mountain	10/12/05	870	270	31.0%	198	73.3%		2/1/06	1,487	257	17.3%	190	73.9%		4/19/06	1,763	210	11.9%	185	88.1%	★	Not Rec'd						
Southeastern Center	10/14/05	1,640	340	20.7%	317	93.2%	★	1/17/06	1,123	212	18.9%	205	96.7%	★	4/13/06	2,397	704	29.4%	653	92.8%	★	7/19/06	2,576	369	14.3%	138	37.4%	
Southeastern Regional	10/21/05	1,148	192	16.7%	81	42.2%		1/19/06	1,260	122	9.7%	108	88.5%	★	4/18/06	1,686	90	5.3%	84	93.3%	★	7/19/06	1,468	103	7.0%	73	70.9%	
Tideland	Subject to Performance Agreement							Subject to Performance Agreement							Subject to Performance Agreement							Subject to Performance Agreement						
Wake	10/20/05	2,396	353	14.7%	325	92.1%	★	1/20/06	1,857	323	17.4%	297	92.0%	★	4/20/06	2,421	784	32.4%	597	76.1%		7/20/06	2,195	324	14.8%	296	91.4%	★
Western Highlands	10/28/05	2,701	247	9.1%	175	70.9%		1/20/06	3,237	271	8.4%	197	72.7%		4/19/06	3,291	249	7.6%	220	88.4%	★	7/20/06	2,272	210	9.2%	179	85.2%	★
Wilson-Greene	Subject to Performance Agreement							Subject to Performance Agreement							Subject to Performance Agreement							Subject to Performance Agreement						
Totals		48,509	5,551	11.4%	4,913	88.5%	★		45,459	4,870	10.7%	4,472	91.8%	★		49,088	6,831	13.9%	6,184	90.5%	★		42,266	4,811	11.4%	3,932	81.7%	

Number and Pct of Area Authorities/County Programs that met the Best Practice Standard: 4 (16%)

6 (26.1%)

3 (12%)

3 (12%)

Number and Pct of Area Authorities/County Programs that met the SFY 2006 Standard: 14 (56%)

11 (47.8%)

15 (60%)

13 (52%)

Total 18 (72%)

17 (73.9%)

18 (72%)

16 (64%)

Notes:

1. Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

3. NR = Not reported.

2005 - 2006 Performance Contract
Fourth Quarter Report
April 1, 2006 - June 30, 2006

Access, Triage and Referral.
1.2.3. Access to Routine Care (Current Quarter Detailed Report)

Performance Requirement: LME maintains a log for each request for service and submits a quarterly report by the 20th day of the month following the end of each quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need routine care, and the number and percent for which a face-to-face service (assessment and/or treatment) is provided within 7 calendar days of the request.

Best Practice Standard: 100% of cases that are determined to need routine care are provided a face-to-face service (assessment and/or treatment) within 7 calendar days from the date/time of request.

SFY 2006 Standard: 85% of cases that are determined to need routine care are provided a face-to-face service (assessment and/or treatment) within 7 calendar days from the date/time of request.

Local Management Entity	Date Report Received ¹	# Persons Requesting Services	Routine Care									% Provided Access Including Declined + No Show
			Determined To Need		Provided Within 7 Days			Offered But Declined ²		Scheduled - No Show		
			# Persons	% Persons Requesting Services	# Persons	% Persons ³ Determined To Need	Met Std ⁴	# Persons	% Persons Determined To Need	# Persons	% Persons Determined To Need	
Alamance-Caswell-Rockingham	7/14/06	2,006	1,639	81.7%	705	43.0%		0	0.0%	934	57.0%	100.0%
Albemarle	7/19/06	1,239	836	67.5%	360	43.1%		119	14.2%	166	19.9%	77.2%
Catawba	7/17/06	2,003	1,136	56.7%	660	58.1%		128	11.3%	219	19.3%	88.6%
CenterPoint	7/20/06	3,219	1,634	50.8%	1,036	63.4%		9	0.6%	512	31.3%	95.3%
Crossroads	7/10/06	1,983	1,249	63.0%	725	58.0%		195	15.6%	187	15.0%	88.6%
Cumberland	7/19/06	1,029	787	76.5%	382	48.5%		100	12.7%	238	30.2%	91.5%
Durham	7/20/06	1,613	754	46.7%	233	30.9%		98	13.0%	379	50.3%	94.2%
Eastpointe	7/20/06	1,055	932	88.3%	664	71.2%		163	17.5%	105	11.3%	100.0%
Edgecombe-Nash	Subject to Performance Agreement											
Five County	7/14/06	1,627	910	55.9%	656	72.1%		67	7.4%	131	14.4%	93.8%
Foothills	7/19/06	2,270	1,728	76.1%	1,255	72.6%		224	13.0%	249	14.4%	100.0%
Guilford	7/14/06	2,931	992	33.8%	715	72.1%		130	13.1%	147	14.8%	100.0%
Johnston	7/19/06	519	359	69.2%	204	56.8%		24	6.7%	131	36.5%	100.0%
Mecklenburg	7/17/06	1,517	1,387	91.4%	1,239	89.3%	★	25	1.8%	24	1.7%	92.9%
Neuse	7/20/06	343	269	78.4%	269	100.0%	★★	0	0.0%	0	0.0%	100.0%
New River	7/17/06	1,902	1,000	52.6%	617	61.7%		100	10.0%	162	16.2%	87.9%
Onslow-Carteret	7/20/06	1,232	655	53.2%	617	94.2%	★	12	1.8%	26	4.0%	100.0%
Orange-Person-Chatham	7/18/06	711	490	68.9%	391	79.8%		24	4.9%	65	13.3%	98.0%
Pathways	7/18/06	2,245	775	34.5%	744	96.0%	★	19	2.5%	12	1.5%	100.0%
Pitt	7/20/06	723	559	77.3%	384	68.7%		30	5.4%	145	25.9%	100.0%
Roanoke-Chowan	7/18/06	1,181	670	56.7%	464	69.3%		161	24.0%	29	4.3%	97.6%
Sandhills Center	7/20/06	2,407	1,934	80.3%	1,180	61.0%		188	9.7%	523	27.0%	97.8%
Smoky Mountain	Not Rec'd											
Southeastern Center	7/19/06	2,576	1,231	47.8%	902	73.3%		281	22.8%	48	3.9%	100.0%
Southeastern Regional	7/19/06	1,468	1,307	89.0%	827	63.3%		268	20.5%	209	16.0%	99.8%
Tideland	Subject to Performance Agreement											
Wake	7/20/06	2,195	814	37.1%	644	79.1%		34	4.2%	54	6.6%	89.9%
Western Highlands	7/20/06	2,272	1,686	74.2%	1,215	72.1%		81	4.8%	151	9.0%	85.8%
Wilson-Greene	Subject to Performance Agreement											
Total		42,266	25,733	60.9%	17,088	66.4%		2,480	9.6%	4,846	18.8%	94.9%

Number and Pct of LMEs that met the Best Practice Standard:

1 (3.8%)

Number and Pct of LMEs that met the SFY 2006 Standard:

3 (11.5%)

Total

4 (15.4%)

Notes:

1. Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.
2. **Offered But Declined** includes consumers that were offered an appointment within the target time frame but declined for personal convenience or necessity and requested a later appointment; or were scheduled for an appointment within the target time frame but called and rescheduled it to a later time.
3. Percents that are less than 85% are shaded and in bold font.
4. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Access, Triage and Referral.
1.2.3. Access to Routine Care (Year-to-Date Summary Report)

<u>Best Practice Standard:</u>	100% of cases that are determined to need routine care are provided a face-to-face service (assessment and/or treatment) within 7 calendar days from the date/time of request.
<u>SFY 2006 Standard:</u>	85% of cases that are determined to need routine care are provided a face-to-face service (assessment and/or treatment) within 7 calendar days from the date/time of request.

Number and Pct of Area Authorities/County Programs that met the Best Practice Standard:	0 (0%)	1 (4%)	1 (3.8%)	1 (3.8%)
<u>Number and Pct of Area Authorities/County Programs that met the SFY 2006 Standard:</u>	<u>4 (16%)</u>	<u>5 (20%)</u>	<u>3 (11.5%)</u>	<u>3 (11.5%)</u>
Total	4 (16%)	6 (24%)	4 (15.4%)	4 (15.4%)

1. Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.
2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.
3. NR = Not reported.

2005 - 2006 Performance Contract
Fourth Quarter Report
April 1, 2006 - June 30, 2006

Access, Triage and Referral.
1.2.4. Access Line

Performance Requirement: LME maintains a toll-free Access Line that is staffed 24 hours per day every day with trained personnel. Calls are answered within 6 rings. DHHS will monitor the number of rings it takes to answer the Access Line through a mystery shopper program. A minimum of 10 calls per quarter will be sampled.

Best Practice Standard: 100% of calls are answered within 6 rings.

SFY 2006 Standard: 85% of calls are answered within 6 rings.

Local Management Entity	1st Quarter				2nd Quarter				3rd Quarter				4th Quarter			
	# Calls Made	Answered Within 6 Rings		Standard Met ¹	# Calls Made	Answered Within 6 Rings		Standard Met ¹	# Calls Made	Answered Within 6 Rings		Standard Met ¹	# Calls Made	Answered Within 6 Rings		Standard Met ¹
		#	% ²			#	% ²			#	% ²			#	% ²	
Alamance-Caswell-Rockingham	10	10	100.0%	★★	10	8	80.0%		20	18	90.0%	★	20	17	85.0%	★
Albemarle	10	10	100.0%	★★	10	10	100.0%	★★	10	10	100.0%	★★	10	10	100.0%	★★
Catawba	10	8	80.0%		10	8	80.0%		10	10	100.0%	★★	10	10	100.0%	★★
CenterPoint	10	9	90.0%	★	10	10	100.0%	★★	10	10	100.0%	★★	10	10	100.0%	★★
Crossroads	10	9	90.0%	★	10	10	100.0%	★★	10	9	90.0%	★	10	10	100.0%	★★
Cumberland	10	7	70.0%		10	10	100.0%	★★	10	10	100.0%	★★	10	10	100.0%	★★
Durham	10	10	100.0%	★★	10	10	100.0%	★★	10	10	100.0%	★★	10	10	100.0%	★★
Eastpointe	10	10	100.0%	★★	10	10	100.0%	★★	10	10	100.0%	★★	10	10	100.0%	★★
Edgecombe-Nash	Subject to Performance Agreement				Subject to Performance Agreement				Subject to Performance Agreement				Subject to Performance Agreement			
Five County	10	8	80.0%		10	9	90.0%	★	10	10	100.0%	★★	10	10	100.0%	★★
Foothills	10	10	100.0%	★★	Not monitored this quarter				10	10	100.0%	★★	10	10	100.0%	★★
Guilford	10	10	100.0%	★★	10	10	100.0%	★★	10	10	100.0%	★★	10	10	100.0%	★★
Johnston	10	10	100.0%	★★	10	10	100.0%	★★	10	10	100.0%	★★	10	10	100.0%	★★
Mecklenburg	10	9	90.0%	★	10	10	100.0%	★★	10	10	100.0%	★★	10	10	100.0%	★★
Neuse	10	10	100.0%	★★	10	10	100.0%	★★	10	10	100.0%	★★	10	10	100.0%	★★
New River	10	10	100.0%	★★	Not monitored this quarter				10	9	90.0%	★	10	10	100.0%	★★
Onslow-Carteret	10	10	100.0%	★★	10	10	100.0%	★★	10	10	100.0%	★★	10	10	100.0%	★★
Orange-Person-Chatham	10	10	100.0%	★★	10	10	100.0%	★★	10	10	100.0%	★★	10	9	90.0%	★
Pathways	10	9	90.0%	★	10	10	100.0%	★★	10	9	90.0%	★	10	10	100.0%	★★
Pitt	10	10	100.0%	★★	10	10	100.0%	★★	10	10	100.0%	★★	10	10	100.0%	★★
Roanoke-Chowan	Subject to Performance Agreement				Subject to Performance Agreement				10	10	100.0%	★★	10	10	100.0%	★★
Sandhills Center	10	10	100.0%	★★	10	9	90.0%	★	10	10	100.0%	★★	10	10	100.0%	★★
Smoky Mountain	10	10	100.0%	★★	Not monitored this quarter				10	10	100.0%	★★	10	10	100.0%	★★
Southeastern Center	10	7	70.0%		10	10	100.0%	★★	10	10	100.0%	★★	10	10	100.0%	★★
Southeastern Regional	10	7	70.0%		10	9	90.0%	★	10	9	90.0%	★	10	9	90.0%	★
Tideland	Subject to Performance Agreement				Subject to Performance Agreement				Subject to Performance Agreement				Subject to Performance Agreement			
Wake	10	10	100.0%	★★	10	10	100.0%	★★	10	10	100.0%	★★	10	10	100.0%	★★
Western Highlands	10	10	100.0%	★★	Not monitored this quarter				10	10	100.0%	★★	10	10	100.0%	★★
Wilson-Greene	Subject to Performance Agreement				Subject to Performance Agreement				Subject to Performance Agreement				Subject to Performance Agreement			
Totals	270	253	93.7%	★	210	203	96.7%	★	270	264	97.8%	★	270	265	98.1%	★

Number and Pct of LMEs that met the Best Practice Standard:	18 (72%)	16 (76.2%)	21 (80.8%)	23 (88.5%)
Number and Pct of LMEs that met the SFY 2006 Standard:	4 (16%)	3 (14.3%)	5 (19.2%)	3 (11.5%)
Total	22 (88%)	19 (90.5%)	26 (100%)	26 (100%)

Notes:

- ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.
- Percents less than 85% are shaded.

2005 - 2006 Performance Contract
Annual Report
July 1, 2005 - June 30, 2006

Service Management.
1.3.5. Transition To Community Services (Community Capacity Plan - DD)

Performance Requirement: LMEs are required to develop and implement a Community Capacity Plan to facilitate the transition of consumers from State-Operated facilities to community-based services, within available resources allocated by DMH/DD/SAS and from those earned via Medicaid billings. DHHS shall approve these plans and monitor implementation to ensure that services and supports are developed and/or community capacity is expanded according to the parameters set forth in each approved plan.

Best Practice Standard: Allocated resources are used as planned to expand capacity unless justified (beyond the LME's control).
SFY 2006 Standard: Same as Best Practice Standard.

Local Management Entity	Allocated Resources Used As Planned			Standard Met ¹	Remarks
	Yes	No, But Justified	No		
Alamance-Caswell-Rockingham	N/A				Funding was either not requested or provided in SFY06.
Albemarle	N/A				Funding was either not requested or provided in SFY06.
Catawba	N/A				Funding was either not requested or provided in SFY06.
CenterPoint		X		★★	Priority of CBS to CAP
Crossroads	N/A				Funding was either not requested or provided in SFY06.
Cumberland	N/A				Funding was either not requested or provided in SFY06.
Durham	X			★★	
Eastpointe	X			★★	
Edgecombe-Nash					Subject to Performance Agreement
Five County		X		★★	Delayed program start-up, priority of CBS to CAP
Foothills	N/A				Funding was either not requested or provided in SFY06.
Guilford		X		★★	Consumer didn't need funding for supports
Johnston	N/A				Funding was either not requested or provided in SFY06.
Mecklenburg	N/A				Funding was either not requested or provided in SFY06.
Neuse	X			★★	
New River	N/A				Funding was either not requested or provided in SFY06.
Onslow-Carteret	N/A				Funding was either not requested or provided in SFY06.
Orange-Person-Chatham	X			★★	
Pathways	X			★★	
Pitt	N/A				Funding was either not requested or provided in SFY06.
Roanoke-Chowan	N/A				Funding was either not requested or provided in SFY06.
Sandhills Center	N/A				Funding was either not requested or provided in SFY06.
Smoky Mountain		X		★★	CBS to CAP & reorg, in pre-planning w/families now
Southeastern Center	X			★★	
Southeastern Regional	N/A				Funding was either not requested or provided in SFY06.
Tideland					Subject to Performance Agreement
Wake	N/A				Funding was either not requested or provided in SFY06.
Western Highlands	N/A				Funding was either not requested or provided in SFY06.
Wilson-Greene					Subject to Performance Agreement

Number and Pct of LMEs that met the Best Practice Standard:	10 (100%)
Number and Pct of LMEs that met the SFY 2006 Standard:	0 (0%)
Total	10 (100%)

Notes:

1. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Service Management.
1.3.5. Transition To Community Services (Psychiatric Hospital Bed-Day Allocations)
(Cumulative Year-To-Date)

Performance Requirement: In order to facilitate the transition of consumers from State-Operated facilities to community-based services and to prevent the overutilization of State-Operated facilities when it would be more appropriate to serve consumers in their communities, LMEs have been given the responsibility of authorizing inpatient and ADATC admissions and working with State-Operated facilities to return consumers to appropriate community-based services as soon as practical following admission. To facilitate this effort, LMEs are expected to keep their inpatient and ADATC utilization within annual bed-day allocations for various categories of beds.

Best Practice Standard: The LME uses 90% or less of its annual bed-day allocation per category.

SFY 2006 Standard: The LME uses 100% or less of its annual bed-day allocation per category.

Local Management Entity	Psychiatric Hospital - Adult Admissions				Psychiatric Hospital - Adult Long-Term				Psychiatric Hospital - Child/Adolescent				Psychiatric Hospital - Geriatric			
	Annual Allocation	YTD # Used	YTD % Used ¹	Standard Met ²	Annual Allocation	YTD # Used	YTD % Used ¹	Standard Met ²	Annual Allocation	YTD # Used	YTD % Used ¹	Standard Met ²	Annual Allocation	YTD # Used	YTD % Used ¹	Standard Met ²
YTD Straight-line Percentage:	100%				100%				100%				100%			
Alamance-Caswell-Rockingham	6,352	4,756	74.9%	★★	5,605	712	12.7%	★★	2,021	1,361	67.3%	★★	2,024	1,132	55.9%	★★
Albemarle	1,749	1,772	101.3%		3,202	1,613	50.4%	★★	338	404	119.5%		373	403	108.0%	
Catawba	1,160	1,408	121.4%		1,159	1,655	142.8%		472	104	22.0%	★★	267	154	57.7%	★★
CenterPoint	7,251	8,016	110.6%		7,717	4,391	56.9%	★★	1,448	1,861	128.5%		1,052	1,430	135.9%	
Crossroads	4,180	3,315	79.3%	★★	2,441	1,273	52.2%	★★	1,041	878	84.3%	★★	350	958	273.7%	
Cumberland	3,506	3,428	97.8%	★	2,090	3,901	186.7%		591	777	131.5%		681	782	114.8%	
Durham	7,611	4,670	61.4%	★★	7,682	3,480	45.3%	★★	3,142	2,059	65.5%	★★	1,259	1,902	151.1%	
Eastpointe	7,044	6,180	87.7%	★★	11,500	6,703	58.3%	★★	833	1,453	174.4%		2,156	1,182	54.8%	★★
Edgecombe-Nash	Subject to Performance Agreement															
Five County	3,735	4,009	107.3%		3,107	2,641	85.0%	★★	1,472	1,034	70.2%	★★	907	1,378	151.9%	
Foothills	5,871	4,437	75.6%	★★	3,631	2,232	61.5%	★★	2,405	897	37.3%	★★	1,442	2,303	159.7%	
Guilford	10,043	5,759	57.3%	★★	7,749	4,183	54.0%	★★	2,184	2,027	92.8%	★	1,266	1,234	97.5%	★
Johnston	1,251	786	62.8%	★★	389	1,787	459.4%		1,436	1,464	101.9%		443	116	26.2%	★★
Mecklenburg	5,065	6,192	122.3%		6,881	5,965	86.7%	★★	567	1,270	224.0%		1,070	1,315	122.9%	
Neuse	2,146	1,744	81.3%	★★	5,230	2,430	46.5%	★★	515	496	96.3%	★	485	407	83.9%	★★
New River	3,351	2,706	80.8%	★★	2,347	2,133	90.9%	★	855	334	39.1%	★★	617	794	128.7%	
Onslow-Carteret	3,378	1,702	50.4%	★★	5,205	3,660	70.3%	★★	712	1,035	145.4%		420	631	150.2%	
Orange-Person-Chatham	4,090	3,374	82.5%	★★	3,545	1,821	51.4%	★★	1,413	2,395	169.5%		792	1,556	196.5%	
Pathways	6,918	5,250	75.9%	★★	3,318	3,946	118.9%		929	805	86.7%	★★	937	1,194	127.4%	
Pitt	2,917	1,915	65.6%	★★	4,910	3,079	62.7%	★★	409	675	165.0%		412	207	50.2%	★★
Roanoke-Chowan	1,155	1,006	87.1%	★★	3,122	1,738	55.7%	★★	371	124	33.4%	★★	280	179	63.9%	★★
Sandhills Center	6,920	5,118	74.0%	★★	3,806	2,292	60.2%	★★	3,289	3,593	109.2%		1,599	955	59.7%	★★
Smoky Mountain	3,794	2,348	61.9%	★★	2,288	1,017	44.4%	★★	927	976	105.3%		507	1,199	236.5%	
Southeastern Center	4,291	5,179	120.7%		8,977	4,791	53.4%	★★	858	1,392	162.2%		530	633	119.4%	
Southeastern Regional	2,713	2,076	76.5%	★★	1,490	1,457	97.8%	★	1,002	1,231	122.9%		733	781	106.5%	
Tideland	Subject to Performance Agreement															
Wake	12,542	12,883	102.7%		7,794	8,015	102.8%		5,449	5,407	99.2%	★	3,618	4,861	134.4%	
Western Highlands	12,107	10,983	90.7%	★	7,436	8,133	109.4%		2,480	2,253	90.8%	★	1,324	1,602	121.0%	
Wilson-Greene	Subject to Performance Agreement															
Totals	131,140	111,012	84.7%	★★	122,621	85,048	69.4%	★★	37,159	36,305	97.7%	★	25,544	29,288	114.7%	

Number and Pct of LMEs that met the Best Practice Standard: 17 (65.4%)

Number and Pct of LMEs that met the SFY 2006 Standard: 2 (7.7%)
Total 19 (73.1%)

18 (69.2%)

2 (7.7%)
20 (76.9%)

9 (34.6%)

4 (15.4%)
13 (50%)

8 (30.8%)

1 (3.8%)
9 (34.6%)

Notes:

1. Percentages that exceed the annual SFY 2006 Performance Contract Standard are shaded red and in bold print. YTD straight-line percentage for the current quarter is 100%.

Percentages that exceed the YTD straight-line percentage by 10% or more are highlighted orange. Percentages that exceed the YTD straight-line percentage by under 10% are highlighted yellow.

2. ★ = Has met the Current SFY annual Performance Contract Standard. ★★ = Has met the annual Best Practice Standard. Standard Met is reported at the end of the year in the fourth quarter report.

Service Management.
1.3.5. Transition To Community Services (ADATC Bed-Day Allocations)
(Cumulative Year-To-Date)

Performance Requirement: In order to facilitate the transition of consumers from State-Operated facilities to community-based services and to prevent the overutilization of State-Operated facilities when it would be more appropriate to serve consumers in their communities, LMEs have been given the responsibility of authorizing inpatient and ADATC admissions and working with State-Operated facilities to return consumers to appropriate community-based services as soon as practical following admission. To facilitate this effort, LMEs are expected to keep their inpatient and ADATC utilization within annual bed-day allocations for various categories of beds.

Best Practice Standard: The LME uses 90% or less of its annual bed-day allocation per category.

SFY 2006 Standard: The LME uses 100% or less of its annual bed-day allocation per category.

Local Management Entity	Alcohol and Drug Abuse Treatment Center (ADATC) - Substance Abuse			
	Annual Allocation	YTD # Used	YTD % Used ¹ [Straight-line = 100%]	Standard Met ²
Alamance-Caswell-Rockingham	2,971	1,866	62.8%	★★
Albemarle	1,493	2,172	145.5%	
Catawba	1,167	1,513	129.6%	
CenterPoint	1,629	1,243	76.3%	★★
Crossroads	1,306	705	54.0%	★★
Cumberland	1,276	368	28.8%	★★
Durham	2,231	493	22.1%	★★
Eastpointe	2,147	1,754	81.7%	★★
Edgecombe-Nash	Subject to Performance Agreement			
Five County	1,494	1,167	78.1%	★★
Foothills	2,179	2,655	121.8%	
Guilford	2,754	1,224	44.4%	★★
Johnston	725	318	43.9%	★★
Mecklenburg	6,016	4,231	70.3%	★★
Neuse	748	586	78.3%	★★
New River	1,253	1,922	153.4%	
Onslow-Carteret	2,144	1,524	71.1%	★★
Orange-Person-Chatham	2,335	1,238	53.0%	★★
Pathways	2,087	1,181	56.6%	★★
Pitt	1,635	1,307	79.9%	★★
Roanoke-Chowan	531	305	57.4%	★★
Sandhills Center	3,971	2,576	64.9%	★★
Smoky Mountain	1,723	1,714	99.5%	★
Southeastern Center	4,073	3,192	78.4%	★★
Southeastern Regional	1,606	345	21.5%	★★
Tideland	Subject to Performance Agreement			
Wake	2,455	310	12.6%	★★
Western Highlands	5,213	4,427	84.9%	★★
Wilson-Greene	Subject to Performance Agreement			
Totals	57,162	40,336	70.6%	★★

Number and Pct of LMEs that met the Best Practice Standard:

21 (80.8%)

Number and Pct of LMEs that met the SFY 2006 Standard:

1 (3.8%)

Total

22 (84.6%)

Notes:

- Percentages that exceed the annual SFY 2006 Performance Contract Standard are shaded and in bold print. YTD straight-line percentage for the current quarter is 100%. Percentages that exceed the YTD straight-line percentage by 10% or more are highlighted orange. Percentages that exceed the YTD straight-line percentage by under 10% are highlighted yellow.
- ★ = Has met the Current SFY annual Performance Contract Standard. ★★ = Has met the annual Best Practice Standard. Standard Met is reported at the end of the year in the fourth quarter report.

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Provider Relations And Support.
1.4.2. SB 163 Provider Monitoring

Performance Requirement: The LME develops Provider Monitoring policies and procedures and monitors providers in its catchment area in accordance with SL 2002-164, 10A NCAC 27G .0600, and its written policies and procedures. The LME shall submit monthly Provider Monitoring Reports to DHHS summarizing its monitoring activities. These reports shall be reviewed to ensure that identified issues are being followed-up and resolved or referred to DHHS in a timely manner. DHHS shall annually review the LME's written policies and procedures (P&Ps) to ensure that all required elements are addressed and shall review the LME's implementation of its P&Ps.

Best Practice Standard: Policies and procedures are developed, contain all required elements, and are implemented. **100%** of providers monitored address and resolve issues in a timely manner or are referred to DHHS per NCAC 27G .0608(a)(2).

SFY 2006 Standard: Policies and procedures are developed, contain all required elements, and are implemented. **85%** of providers monitored address and resolve issues in a timely manner or are referred to DHHS per NCAC 27G .0608(a)(2).

Local Management Entity	# of Providers Monitored	# of Providers With Issues	# With Issues Addressed ¹ Within Timelines	# With Issues Referred to DHHS	% Addressed or Referred ²	Standard Met ³	P&Ps Contain All Required Elements	P&Ps Satisfactorily Implemented	Standard Met ³
Alamance-Caswell-Rockingham	16	9	9		100.0%	★★			
Albemarle	11	0				★★			
Catawba	15	15	15		100.0%	★★			
CenterPoint	44	36	35	1	100.0%	★★			
Crossroads	39	10	10		100.0%	★★			
Cumberland	54	50	45	5	100.0%	★★			
Durham	28	9	8		88.9%	★			
Eastpointe	25	22	18	2	90.9%	★			
Edgecombe-Nash		Subject to Performance Agreement							
Five County	11	7	7		100.0%	★★			
Foothills	6	0				★★			
Guilford	21	16	14	2	100.0%	★★			
Johnston	6	4	4		100.0%	★★			
Mecklenburg	70	56	54	1	98.2%	★			
Neuse	15	13	11	1	92.3%	★			
New River	5	5	5		100.0%	★★			
Onslow-Carteret	26	1	1		100.0%	★★			
Orange-Person-Chatham	9	9	5		55.6%				
Pathways	56	54	53	1	100.0%	★★			
Pitt	41	26	26		100.0%	★★			
Roanoke-Chowan	7	0				★★			
Sandhills Center	35	28	24	4	100.0%	★★			
Smoky Mountain	4	4	4		100.0%	★★			
Southeastern Center	4	4	4		100.0%	★★			
Southeastern Regional	30	16	16		100.0%	★★			
Tideland		Subject to Performance Agreement							
Wake	34	34	34		100.0%	★★			
Western Highlands	13	12	12		100.0%	★★			
Wilson-Greene		Subject to Performance Agreement							
Totals	625	440	414	17	98.0%	★			

Results for this portion of the report were provided annually in the Third Quarter report.

Number and Pct of LMEs that met the Best Practice Standard:

21 (80.8%)

0 (0%)

Number and Pct of LMEs that met the SFY 2006 Standard:

4 (15.4%)

0 (0%)

Total

25 (96.2%)

0 (0%)

Notes:

- "Addressed" means that as of the date of the monthly monitoring report (4 months following the monitoring visit), either the issues have been resolved, or improvement plans have been implemented and the LME is working with the provider to ensure that improvements are sustained.
- Percentages below 85% are shaded and in bold font.
- ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Quality Management and Outcomes Evaluation.
1.6.1. Quality Improvement Process

Performance Requirement: The LME shall submit an annual Quality Improvement report that describes how it has used its QI process to address service service delivery system issues in at least one of the following areas: (a) building service capacity, (b) ensuring continuity of care during divestiture of services, and/or (c) ensuring the use of evidence-based practices. The report provides information about the QI projects that have been undertaken and addresses the following elements for each project: (1) the basis for choosing the issues targeted for improvement (e.g. data analyzed), (2) strategies developed to address identified issues, (3) actions taken, (4) an evaluation of results to date, and (5) recommendations for next steps.

Best Practice Standard: At least 5 QI projects were undertaken. All 5 elements were addressed for each project.

SFY 2006 Standard: At least 3 QI projects were undertaken. 3 elements were addressed for each project.

Local Management Entity	# QI Projects Reported	# Projects With All 5 Elements	# Projects With 3 Or 4 Elements	Standard Met ¹
Alamance-Caswell-Rockingham	5	3	0	★
Albemarle	5	1	4	★
Catawba	4	1	3	★
CenterPoint	4	0	1	
Crossroads	6	2	4	★
Cumberland	5	5		★★
Durham	12	3	2	★
Eastpointe	5	0	2	
Edgecombe-Nash	Subject to Performance Agreement			
Five County	5	4	1	★
Foothills	3	3	0	★
Guilford	5	0	4	★
Johnston	5	4	1	★
Mecklenburg	5	5		★★
Neuse	5	1	4	★
New River	3	3		★
Onslow-Carteret	5	0	3	★
Orange-Person-Chatham	5	3	2	★
Pathways	9	0	4	★
Pitt	3	1	2	★
Roanoke-Chowan	3	1	1	
Sandhills Center	5	3	2	★
Smoky Mountain	5	0	3	★
Southeastern Center	5	5	0	★★
Southeastern Regional	4	3	1	★
Tideland	Subject to Performance Agreement			
Wake	2	1	2	★
Western Highlands	4	0	3	★
Wilson-Greene	Subject to Performance Agreement			

Number and Pct of LMEs that met the Best Practice Standard:

3 (11.5%)

Number and Pct of LMEs that met the SFY 2006 Standard:

20 (76.9%)

Total

23 (88.5%)

Notes:

1. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

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Quality Management and Outcomes Evaluation.
1.6.3. Incident Reporting

Performance Requirement: The LME analyzes Level II and Level III incidents reported by providers, in accordance with 10A NCAC 27G .0600, to determine trends and take action to make system improvements. The LME shall submit quarterly reports [by the 20th of the month following the end of the quarter] summarizing Level II and Level III incidents reported by providers. The report will include summaries of (1) data analyses to identify patterns and trends, (2) strategies developed to address problems, (3) actions taken, (4) the evaluation of results, and (5) recommendations for next steps. DHHS will review the reports for evidence of an effective incident review process.

Best Practice Standard: 100% of reports are submitted on time and show clear evidence of an effective process containing elements (1)-(5).
SFY 2006 Standard: 75% of reports identify trends, contain plans, actions and results [elements (1)-(4)] for how the LME is addressing those trends to make improvement in services.

Local Management Entity	1st Qtr Report (Due 10/20/05)		2nd Qtr Report (Due 1/20/06)		3rd Qtr Report (Due 4/20/06)		4th Qtr Report (Due 7/20/06)		Standard Met ²
	Date Received ¹	Elements Included	Date Received ¹	Elements Included	Date Received ¹	Elements Included	Date Received ¹	Elements Included	
Alamance-Caswell-Rockingham	10/18/05	All 5	1/19/06	<4	4/10/06	4	7/19/06	All 5	★
Albemarle	10/31/05	All 5	1/19/06	<4	4/20/06	<4	7/18/06	4	
Catawba	10/19/05	All 5	1/20/06	<4	4/19/06	4	7/21/06	All 5	★
CenterPoint	10/17/05	All 5	1/18/06	All 5	4/18/06	All 5	7/19/06	All 5	★★
Crossroads	10/20/05	All 5	1/19/06	4	4/20/06	All 5	7/21/06	All 5	★
Cumberland	10/19/05	All 5	1/19/06	All 5	4/18/06	All 5	7/20/06	All 5	★★
Durham	10/19/05	All 5	1/19/06	<4	4/20/06	<4	7/21/06	All 5	
Eastpointe	10/20/05	All 5	1/20/06	<4	4/20/06	All 5	7/19/06	All 5	★
Edgecombe-Nash	Subject to Performance Agreement				Subject to Performance Agreement				
Five County	10/5/05	All 5	1/10/06	All 5	4/19/06	All 5	7/18/06	All 5	★★
Foothills	10/19/05	All 5	1/19/06	<4	4/13/06	All 5	7/18/06	All 5	★
Guilford	10/12/05	All 5	1/11/06	<4	4/12/06	All 5	7/17/06	All 5	★
Johnston	10/20/05	All 5	1/20/06	4	4/20/06	All 5	7/17/06	All 5	★
Mecklenburg	10/19/05	All 5	1/19/06	4	4/19/06	All 5	7/18/06	All 5	★
Neuse	10/17/05	All 5	1/17/06	<4	4/17/06	All 5	7/17/06	All 5	★
New River	10/10/05	All 5	1/3/06	<4	4/18/06	All 5	7/18/06	All 5	★
Onslow-Carteret	10/20/05	All 5	1/20/06	4	4/20/06	All 5	7/21/06	<4	★
Orange-Person-Chatham	10/13/05	All 5	1/19/06	4	4/20/06	<4	7/20/06	All 5	★
Pathways	10/20/05	All 5	1/17/06	4	4/19/06	All 5	7/19/06	All 5	★
Pitt	10/14/05	All 5	1/19/06	4	4/17/06	All 5	7/20/06	All 5	★
Roanoke-Chowan	Subject to Performance Agreement				4/20/06	All 5	7/20/06	All 5	★★
Sandhills Center	10/20/05	All 5	1/20/06	<4	4/20/06	All 5	7/20/06	All 5	★
Smoky Mountain	10/20/05	All 5	1/20/06	<4	4/20/06	All 5	7/20/06	All 5	★
Southeastern Center	10/21/05	All 5	1/20/06	<4	4/20/06	All 5	7/21/06	All 5	★
Southeastern Regional	10/20/05	All 5	1/16/06	<4	4/24/06	4	7/21/06	All 5	★
Tideland	Subject to Performance Agreement				Subject to Performance Agreement				
Wake	10/19/05	4	1/20/06	<4	4/18/06	All 5	7/18/06	All 5	★
Western Highlands	10/24/05	All 5	1/20/06	<4	4/20/06	All 5	7/19/06	4	★
Wilson-Greene	Subject to Performance Agreement				Subject to Performance Agreement				

Number and Pct of LMEs that met (End of Year) or are on-track for meeting the Best Practice Standard:

4 (15.4%)

Number and Pct of LMEs that met (End of Year) or are on-track for meeting the SFY 2006 Standard:

20 (76.9%)

Total

24 (92.3%)

Notes:

1. Dates that are shaded and in bold font indicate reports that are not received by the due date. Date received does not affect if the performance standard is met.
2. The performance standard is an annual standard (black stars). Progress is reported quarterly (blue stars).

☆ = On track for meeting the Current SFY Performance Contract Standard. ☆☆☆ = On track for meeting the Best Practice Standard.

★ = Met (End of Year) the Current SFY Performance Contract Standard. ★★ = Met (End of Year) the Best Practice Standard.

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Information Management, Analysis, and Reporting.
1.8.1.1. System Monitoring - Quarterly Fiscal Monitoring Report

Performance Requirement: LME submits all required system monitoring reports in acceptable format by the 20th day of the month following the end of the quarter. Reports are accurate and complete.

Best Practice Standard: 100% of reports are accurate, complete, and received by the due date.

SFY 2006 Standard: Same as Best Practice Standard.

Local Management Entity	1st Qtr Report (Due 10/20/05)			2nd Qtr Report (Due 2/20/06)			3rd Qtr Report (Due 4/20/06)			4th Qtr Cash-Basis Report (Due 8/31/06)		4th Qtr Accrual- Basis Report (Due 8/31/06)		Standard Met ²
	Date Received 1	Accurate, Complete	Standard Met ²	Date Received 1	Accurate, Complete	Standard Met ²	Date Received 1	Accurate, Complete	Standard Met ²	Date Received 1	Accurate, Complete	Date Received 1	Accurate, Complete	
Alamance-Caswell-Rockingham	10/20/05	Yes	★★	2/19/06	Yes	★★	Not Rec'd							
Albemarle	10/20/05	Yes	★★	2/28/06	Yes		4/24/06	Yes						
Catawba	10/20/05	Yes	★★	2/21/06	Yes		Not Rec'd							
CenterPoint	10/19/05	Yes	★★	2/23/06	Yes		5/1/06	No						
Crossroads	10/31/05	Yes		3/29/06	Yes		5/1/06	Yes						
Cumberland	10/13/05	Yes	★★	2/22/06	Yes		4/18/06	Yes	★★					
Durham	10/17/05	Yes	★★	2/27/06	Yes		4/11/06	Yes	★★					
Eastpointe	10/20/05	Yes	★★	Not Rec'd			Not Rec'd							
Edgecombe-Nash	Subject to Performance Agreement						Subject to Performance Agreement							
Five County	10/19/05	Yes	★★	2/23/06	Yes		5/5/06	Yes						
Foothills	10/20/05	Yes	★★	5/5/06	Yes		5/5/06	Yes						
Guilford	10/11/05	Yes	★★	2/20/06	Yes	★★	4/17/06	No						
Johnston	10/19/05	Yes	★★	3/15/06	Yes		5/1/06	Yes						
Mecklenburg	10/14/05	Yes	★★	1/23/06	Yes	★★	4/28/06	Yes						
Neuse	10/18/05	Yes	★★	4/10/06	Yes		4/20/06	Yes	★★					
New River	11/7/05	Yes		2/22/06	Yes		4/25/06	Yes						
Onslow-Carteret	Not Rec'd			Not Rec'd			Not Rec'd							
Orange-Person-Chatham	10/20/05	Yes	★★	3/26/06	Yes		Not Rec'd							
Pathways	10/19/05	Yes	★★	2/21/06	Yes		4/24/06	Yes						
Pitt	10/20/05	Yes	★★	Not Rec'd			Not Rec'd							
Roanoke-Chowan	Subject to Performance Agreement						5/3/06	Yes						
Sandhills Center	10/17/05	Yes	★★	2/20/06	Yes	★★	4/24/06	Yes						
Smoky Mountain	Not Rec'd			3/9/06	Yes		5/4/06	Yes						
Southeastern Center	10/17/05	Yes	★★	4/4/06	Yes		4/27/06	Yes						
Southeastern Regional	10/18/05	Yes	★★	4/11/06	Yes		5/4/06	No						
Tideland	Subject to Performance Agreement						Subject to Performance Agreement							
Wake	10/20/05	Yes	★★	3/9/06	Yes		5/4/06	Yes						
Western Highlands	10/20/05	Yes	★★	2/23/06	Yes		5/1/06	Yes						
Wilson-Greene	Subject to Performance Agreement						Subject to Performance Agreement							

and % of LMEs that met the Performance Standard: 21 (84%) 4 (16%) 3 (11.5%) 0 (0%)

Notes:

1. Dates that are shaded and in bold font indicate reports that are not received by the due date
2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Because the due date for this report is after the end of the quarter, the Fourth Quarter's results will be provided in the First Quarter SFY07 report.

2005 - 2006 Performance Contract
Fourth Quarter Report
April 1, 2006 - June 30, 2006

Information Management, Analysis, and Reporting.
1.8.1.4. System Monitoring - SAPTBG Compliance Report

Performance Requirement: The LME shall submit a semi-annual SAPTBG Compliance Report by the 20th of the month following the end of the semi-annual period. Reports are accurate and complete and show at least 48 hours of Synar activity for the period.

Best Practice Standard: All reports are accurate and complete, show 48 hours of Synar activity, and are received by the due date.

SFY 2006 Standard: All reports are accurate and complete, show 48 hours of Synar activity, and are received no later than 10 days after the due date.

Local Management Entity	Mid-Year Report (Due 1/20/06)			Standard Met ²	End Of Year Report (Due 7/20/06)			Standard Met ²
	Date Received ¹	Accurate and Complete	48 Hours Of Synar Activity		Date Received ¹	Accurate and Complete	48 Hours Of Synar Activity	
Alamance-Caswell-Rockingham	1/20/06	Yes	Yes	★★	7/14/06	Yes	Yes	★★
Albemarle	1/18/06	Yes	Yes	★★	7/19/06	No	Yes	
Catawba	1/20/06	Yes	Yes	★★	7/17/06	Yes	No	
CenterPoint	1/30/06	Yes	Yes	★	7/17/06	Yes	Yes	★★
Crossroads	1/20/06	Yes	Yes	★★	7/20/06	Yes	Yes	★★
Cumberland	1/20/06	Yes	Yes	★★	None	No	No	
Durham	1/20/06	Yes	No		7/20/06	Yes	No	
Eastpointe	1/20/06	Yes	Yes	★★	7/20/06	Yes	No	
Edgecombe-Nash	Subject to Performance Agreement				Subject to Performance Agreement			
Five County	1/20/06	Yes	Yes	★★	7/20/06	No	Yes	
Foothills	1/20/06	Yes	Yes	★★	7/18/06	Yes	Yes	★★
Guilford	1/18/06	Yes	Yes	★★	7/18/06	Yes	Yes	★★
Johnston	1/18/06	Yes	Yes	★★	7/18/06	Yes	Yes	★★
Mecklenburg	1/20/06	Yes	Yes	★★	7/19/06	Yes	Yes	★★
Neuse	1/17/06	Yes	Yes	★★	7/18/06	Yes	Yes	★★
New River	1/20/06	Yes	No		7/19/06	Yes	Yes	★★
Onslow-Carteret	1/20/06	Yes	Yes	★★	7/19/06	Yes	Yes	★★
Orange-Person-Chatham	1/20/06	Yes	Yes	★★	7/20/06	Yes	Yes	★★
Pathways	1/24/06	Yes	No		7/31/06	Yes	No	
Pitt	1/20/06	Yes	Yes	★★	7/19/06	Yes	Yes	★★
Roanoke-Chowan	Subject to Performance Agreement				7/20/06	Yes	Yes	★★
Sandhills Center	1/20/06	Yes	Yes	★★	7/21/06	Yes	Yes	★
Smoky Mountain	1/20/06	Yes	Yes	★★	7/31/06	Yes	Yes	
Southeastern Center	1/20/06	Yes	Yes	★★	7/14/06	Yes	Yes	★★
Southeastern Regional	1/20/06	Yes	Yes	★★	7/19/06	Yes	Yes	★★
Tideland	Subject to Performance Agreement				Subject to Performance Agreement			
Wake	1/17/06	Yes	Yes	★★	7/19/06	Yes	No	
Western Highlands	2/1/06	Yes	Yes		None	No	No	
Wilson-Greene	Subject to Performance Agreement				Subject to Performance Agreement			

Number and Pct of LMEs that met the Best Practice Standard:

20 (80%)

15 (57.7%)

Number and Pct of LMEs that met the SFY 2006 Standard:

1 (4%)

1 (3.8%)

Total

21 (84%)

16 (61.5%)

Notes:

- Dates that are shaded and in **bold** font indicate reports not received by the due date. **Italicized** dates with light/yellow shading meet the SFY2005 Standard.
- ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.1.5. System Monitoring - Substance Abuse/Juvenile Justice Initiative Reports

Performance Requirement: LME submits all quarterly Substance Abuse/Juvenile Justice Initiative Reports by the 20th of the month following the end of the quarter. Reports are accurate and complete.

Best Practice Standard: 100% of reports are accurate, complete, and received by the due date.

SFY 2006 Standard: 100% of reports are accurate, complete. 75% of reports are received on time, and 100% are received no later than 10 calendar days after the due date.

Local Management Entity [LMEs listed at the bottom shaded gray do not have a SAJJ Initiative report requirement]	1st Qtr Reports (Due 10/20/05)							2nd Qtr Reports (Due 1/20/06)						
	Juvenile Detention		MAJORS		Multi-purpose Group Home		Standard Met ²	Juvenile Detention		MAJORS		Multi-purpose Group Home		Standard Met ²
	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete		Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	
Alamance-Caswell-Rockingham			10/10/05	Yes			★★			1/20/06	Yes			★★
Albemarle					10/20/05	Yes	★★					1/17/06	Yes	★★
CenterPoint	10/17/05	Yes	10/17/05	Yes			★★	1/17/06	Yes	1/17/06	Yes			★★
Cumberland	10/4/05	Yes	10/11/05	Yes			★★	No	No	1/20/06	Yes			
Durham	No	No	10/20/05	Yes				1/20/06	Yes	1/20/06	Yes			★★
Eastpointe			N/A 1st Quarter		10/5/05	Yes	★★			No	No	No	No	
Five County			N/A 1st Quarter							1/17/06	Yes			★★
Foothills	10/17/05	Yes					★★	1/20/06	Yes					★★
Guilford	10/3/05	Yes	10/20/05	Yes			★★	1/20/06	Yes	1/20/06	Yes			★★
Mecklenburg	10/13/05	Yes					★★	No	No					
Neuse			10/20/05	Yes	10/18/05	Yes	★★			1/19/06	Yes	1/19/06	Yes	★★
Orange-Person-Chatham														
Pathways	10/20/05	Yes					★★	1/20/06	Yes					★★
Pitt	10/13/05	Yes	10/13/05	Yes			★★	1/20/06	Yes	1/20/06	Yes			★★
Roanoke-Chowan					Subject to Performance Agreement							Subject to Performance Agreement		
Sandhills Center	11/8/05	Yes	10/18/05	Yes				1/10/06	Yes	1/10/06	Yes			★★
Southeastern Center	10/20/05	Yes					★★	1/20/06	Yes					★★
Southeastern Regional					10/3/05	Yes	★★					No	No	
Tideland					Subject to Performance Agreement							Subject to Performance Agreement		
Wake	10/20/05	Yes	10/20/05	Yes			★★	1/17/06	Yes	1/17/06	Yes			★★
Western Highlands	No	No	N/A 1st Quarter					1/20/06	Yes	1/20/06	Yes			★★
Catawba														
Crossroads														
Edgecombe-Nash					Subject to Performance Agreement							Subject to Performance Agreement		
Johnston														
New River														
Onslow-Carteret														
Smoky Mountain														
Wilson-Greene					Subject to Performance Agreement							Subject to Performance Agreement		

Met the Best Practice Standard:

14 (82.4%)

14 (77.8%)

Met the SFY2006 Standard:

0 (0%)

0 (0%)

Total

14 (82.4%)

14 (77.8%)

Notes:

1. Dates that are shaded and in **bold** font indicate reports not received by the due date. **Italicized** dates with light/yellow shading meet the Current SFY Standard.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

2005 - 2006 Performance Contract
Fourth Quarter Report
April 1, 2006 - June 30, 2006

Information Management, Analysis, and Reporting.
1.8.1.5. System Monitoring - Substance Abuse/Juvenile Justice Initiative Reports

Performance Requirement: LME submits all quarterly Substance Abuse/Juvenile Justice Initiative Reports by the 20th of the month following the end of the quarter. Reports are accurate and complete.

Best Practice Standard: 100% of reports are accurate, complete, and received by the due date.

SFY 2006 Standard: 100% of reports are accurate, complete. 75% of reports are received on time, and 100% are received no later than 10 calendar days after the due date.

Local Management Entity [LMEs listed at the bottom shaded gray do not have a SA/JJ Initiative report requirement]	3rd Qtr Reports (Due 4/20/06)							4th Qtr Reports (Due 7/20/06)						
	Juvenile Detention		MAJORS		Multi-purpose Group Home		Standard Met ²	Juvenile Detention		MAJORS		Multi-purpose Group Home		Standard Met ²
	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete		Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	
Alamance-Caswell-Rockingham			4/17/06	Yes			★★			7/11/06	Yes			★★
Albemarle			4/20/06	Yes	4/20/06	Yes	★★			7/20/06	Yes	7/19/06	Yes	★★
CenterPoint	4/12/06	Yes	4/12/06	Yes			★★	7/11/06	Yes	7/11/06	Yes			★★
Cumberland	4/10/06	Yes	3/31/06	Yes			★★	7/6/06	Yes	7/11/06	Yes			★★
Durham	No	No	4/12/06	Yes				7/18/06	Yes	7/11/06	Yes			★★
Eastpointe			4/20/06	Yes	No	No				7/11/06	Yes	Not Rec'd	No	
Five County			4/19/06	Yes			★★			7/20/06	Yes			★★
Foothills	4/20/06	Yes					★★	7/7/06	Yes					★★
Guilford	4/6/06	Yes	4/6/06	Yes			★★	7/11/06	Yes	7/18/06	Yes			★★
Mecklenburg	4/13/06	Yes					★★	7/14/06	Yes					★★
Neuse			4/19/06	Yes	4/19/06	Yes	★★			7/20/06	Yes	7/16/06	Yes	★★
Orange-Person-Chatham			4/19/06	Yes			★★			7/10/06	Yes			★★
Pathways	No	No						7/17/06	Yes					★★
Pitt	4/12/06	Yes	4/12/06	Yes			★★	7/20/06	Yes	7/18/06	Yes			★★
Roanoke-Chowan					4/18/06	Yes	★★					7/20/06	Yes	★★
Sandhills Center	4/11/06	Yes	4/11/06	Yes			★★	7/1/06	Yes	7/1/06	Yes			★★
Southeastern Center	4/17/06	Yes	4/1/06	Yes			★★	7/17/06	Yes	7/17/06	Yes			★★
Southeastern Regional			4/7/06	Yes	4/7/06	Yes	★★			7/11/06	Yes	7/11/06	Yes	★★
Tideland					Subject to Performance Agreement							Subject to Performance Agreement		
Wake	4/17/06	Yes	4/17/06	Yes			★★	7/20/06	Yes	7/20/06	Yes			★★
Western Highlands	4/18/06	Yes	4/18/06	Yes			★★	7/20/06	Yes	7/20/06	Yes			★★
Catawba														
Crossroads														
Edgecombe-Nash					Subject to Performance Agreement							Subject to Performance Agreement		
Johnston														
New River														
Onslow-Carteret														
Smoky Mountain														
Wilson-Greene					Subject to Performance Agreement							Subject to Performance Agreement		

Met the Best Practice Standard:

17 (85%)

19 (95%)

Met the SFY2006 Standard:

0 (0%)

0 (0%)

Total

17 (85%)

19 (95%)

Notes:

1. Dates that are shaded and in **bold** font indicate reports not received by the due date. **Italicized** dates with light/yellow shading meet the Current SFY Standard.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

2005 - 2006 Performance Contract
Fourth Quarter Report
April 1, 2006 - June 30, 2006

Information Management, Analysis, and Reporting.
1.8.1.6. System Monitoring - Work First Initiative Quarterly Reports

Performance Requirement: LME submits a quarterly Work First Initiative Report by the 20th of the month following the end of the quarter. Reports are accurate and complete.

Best Practice Standard: 100% of reports are accurate, complete, and received by the due date.

SFY 2006 Standard: 100% of reports are accurate, complete. 75% are received on-time and 100% of reports are received no later than 10 calendar days after the due date.

Local Management Entity	1st Qtr Report (Due 10/20/05)		2nd Qtr Report (Due 1/20/06)		3rd Qtr Report (Due 4/20/06)		4th Qtr Report (Due 7/20/06)		Standard Met ²
	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	
Alamance-Caswell-Rockingham	10/14/05	Yes	1/18/06	Yes	4/4/06	Yes	7/31/06	Yes	
Albemarle	10/20/05	Yes	1/20/06	Yes	4/20/06	Yes	7/13/06	Yes	★★
Catawba	10/26/05	Yes	2/15/06	Yes	4/20/06	Yes	7/20/06	Yes	
CenterPoint	10/13/05	Yes	1/11/06	Yes	4/17/06	Yes	7/10/06	Yes	★★
Crossroads	10/20/05	Yes	1/12/06	Yes	4/20/06	Yes	7/20/06	Yes	★★
Cumberland	10/20/05	Yes	1/9/06	Yes	4/20/06	Yes	7/11/06	Yes	★★
Durham	10/20/05	Yes	1/20/06	Yes	4/15/06	Yes	7/19/06	Yes	★★
Eastpointe	10/12/05	Yes	1/9/06	Yes	4/19/06	Yes	7/17/06	Yes	★★
Edgecombe-Nash	Subject to Performance Agreement				Subject to Performance Agreement				
Five County	10/27/05	Yes	1/20/06	Yes	4/19/06	Yes	7/19/06	Yes	★
Foothills	10/20/05	Yes	1/10/06	Yes	4/20/06	Yes	8/10/06	Yes	
Guilford	10/12/05	Yes	1/13/06	Yes	4/12/06	Yes	7/11/06	Yes	★★
Johnston	10/24/05	Yes	1/10/06	Yes	4/20/06	Yes	7/17/06	Yes	★
Mecklenburg	10/20/05	Yes	1/25/06	Yes	4/20/06	Yes	7/20/06	Yes	★
Neuse	10/19/05	Yes	1/19/06	Yes	4/20/06	Yes	7/19/06	Yes	★★
New River	10/20/05	Yes	Not Rec'd	No	4/20/06	Yes	7/18/06	Yes	
Onslow-Carteret	10/20/05	Yes	1/19/06	Yes	4/20/06	Yes	7/19/06	Yes	★★
Orange-Person-Chatham	10/20/05	Yes	1/20/06	Yes	4/20/06	Yes	7/6/06	Yes	★★
Pathways	10/13/05	Yes	1/13/06	Yes	4/17/06	Yes	7/6/06	Yes	★★
Pitt	10/14/05	Yes	1/11/06	Yes	4/11/06	Yes	7/17/06	Yes	★★
Roanoke-Chowan	Subject to Performance Agreement				4/20/06	Yes	7/20/06	Yes	★★
Sandhills Center	10/19/05	Yes	1/19/06	Yes	4/13/06	Yes	7/20/06	Yes	★★
Smoky Mountain	10/19/05	Yes	1/23/06	Yes	4/20/06	Yes	7/19/06	Yes	★
Southeastern Center	10/21/05	Yes	1/25/06	Yes	4/10/06	Yes	7/17/06	Yes	
Southeastern Regional	10/18/05	Yes	1/20/06	Yes	4/18/06	Yes	7/19/06	Yes	★★
Tideland	Subject to Performance Agreement				Subject to Performance Agreement				
Wake	10/27/05	Yes	1/20/06	Yes	4/20/06	Yes	7/20/06	Yes	★
Western Highlands	10/10/05	Yes	1/27/06	Yes	Not Rec'd	No	7/17/06	Yes	
Wilson-Greene	Subject to Performance Agreement				Subject to Performance Agreement				

Number and Pct of LMEs that met the Best Practice Standard:

15 (57.7%)

Number and Pct of LMEs that met the SFY 2006 Standard:

5 (19.2%)

Total

20 (76.9%)

Notes:

1. Dates that are shaded and in **bold** font indicate reports not received by the due date. ***Italicized*** dates with light/yellow shading meet the SFY2005 Standard.

2. The performance standard is an annual standard. Progress is reported quarterly.

★ = On track for meeting the Current SFY Performance Contract Standard. ★★ = On track for meeting the Best Practice Standard.

★ = Met (End of Year) the Current SFY Performance Contract Standard. ★★ = Met (End of Year) the Best Practice Standard.

2005 - 2006 Performance Contract
Fourth Quarter Report
April 1, 2006 - June 30, 2006

Information Management, Analysis, and Reporting.
1.8.2.1. Consumer Information - Client Data Warehouse (CDW) - Admissions

Performance Requirement: LME submits required CDW record types by the 15th of each month. Submitted admission records (record type 11) are complete and accurate.

The table below shows the number of admissions for which data was submitted to the CDW as of July 31, 2006.

Local Management Entity	Facility Code	APR	MAY	JUN	Fourth Quarter Adm SFY2006	Fourth Quarter Adm SFY2005	Monthly Average SFY2006	Monthly Average SFY2005
Alamance-Caswell-Rockingham	23051	180	213	64	457	410	152	137
Albemarle	43121	120	131	112	363	442	121	147
Catawba	13091	221	226	144	591	436	197	145
CenterPoint	23021	241	298	322	861	1,038	287	346
CrossRoads	23011	388	463	339	1,190	469	397	156
Cumberland	33051	225	264	276	765	1,004	255	335
Durham	23071	229	226	98	553	550	184	183
Eastpointe	43081	87	41	24	152	361	51	120
Edgecombe-Nash	43051	Subject to Performance Agreement						
Five County	23081	0	0	0	0	250	0	83
Foothills	13051	86	116	61	263	355	88	118
Guilford	23041	256	244	190	690	896	230	299
Johnston	33071	93	123	101	317	412	106	137
Mecklenburg	13102	110	119	132	361	873	120	291
Neuse	43071	66	63	28	157	288	52	96
New River	13030	37	45	55	137	493	46	164
Onslow-Carteret	43021	66	28	2	96	249	32	83
Orange-Person-Chatham	23061	113	124	110	347	441	116	147
Pathways	13081	190	218	156	564	1,228		
Pitt	43091	91	27	0	118	72	39	24
Roanoke-Chowan	43101	92	62	18	172	192	57	64
Sandhills	33031	300	313	175	788	1,040	263	347
Smoky Mountain	13010	160	165	72	397	385	132	128
Southeastern Center	43011	181	189	77	447	602	149	201
Southeastern Regional	33041	164	141	96	401	408	134	136
Tideland	43111	Subject to Performance Agreement						
Wake	33081	278	246	180	704	702	235	234
Western Highlands	13131	270	295	177	742	1,336	247	445
Wilson-Greene	43041	Subject to Performance Agreement						
TOTAL ADMISSIONS		4,244	4,380	3,009	11,633	14,932	3,878	4,977

Data that are shaded are incomplete or appear to be inaccurate.

2005 - 2006 Performance Contract
Fourth Quarter Report
April 1, 2006 - June 30, 2006

Information Management, Analysis, and Reporting.
1.8.2.3. Consumer Information - Client Data Warehouse (CDW)
"Unknown" Value In Mandatory Fields

Performance Requirement: LME submits required CDW record types by the 15th of each month. Mandatory fields contain a value other than "unknown".

The table below shows the percentage of clients admitted during the prior quarter (January 1, 2006 - March 31, 2006) where all mandatory data fields contain a value other than 'unknown'.

Best Practice Standard: 90% of all mandatory data fields for the prior quarter contain a value other than "unknown".

SFY 2006 Standard: 85% of all mandatory data fields for the prior quarter contain a value other than "unknown".

Local Management Entity	Area Code	County	Race	Ethnicity	Gender	Marital Status	Standard Met ²
Alamance-Caswell-Rockingham	205	100%	100%	100%	100%	100%	★★
Albemarle	412	100%	100%	99%	100%	100%	★★
Catawba	109	100%	100%	100%	100%	100%	★★
CenterPoint	202	100%	100%	100%	100%	100%	★★
Crossroads	201	100%	97%	98%	100%	94%	★★
Cumberland	305	100%	99%	100%	100%	100%	★★
Durham	207	100%	100%	100%	100%	100%	★★
Eastpointe	408	100%	99%	96%	100%	96%	★★
Edgecombe-Nash	405	Subject to Performance Agreement					
Five County	208	No Data Submitted					
Foothills	105	100%	100%	100%	100%	100%	★★
Guilford	204	100%	100%	100%	100%	100%	★★
Johnston	307	100%	100%	100%	100%	100%	★★
Mecklenburg	110	100%	99%	99%	100%	99%	★★
Neuse	407	100%	100%	100%	100%	100%	★★
New River	103	100%	100%	100%	100%	100%	★★
Onslow-Carteret	402	100%	100%	97%	100%	100%	★★
Orange-Person-Chatham	206	100%	100%	93%	100%	100%	★★
Pathways	108	100%	100%	100%	100%	100%	★★
Pitt	409	100%	96%	92%	98%	98%	★★
Roanoke-Chowan	410	100%	100%	100%	100%	100%	★★
Sandhills Center	303	100%	100%	100%	100%	100%	★★
Smoky Mountain	101	100%	100%	100%	100%	100%	★★
Southeastern Center	401	100%	99%	88%	100%	99%	★
Southeastern Regional	304	100%	100%	100%	100%	100%	★★
Tideland	411	Subject to Performance Agreement					
Wake	308	100%	100%	100%	100%	100%	★★
Western Highlands	113	100%	100%	100%	100%	100%	★★
Wilson-Greene	404	Subject to Performance Agreement					

Number and Pct of LMEs that met the Best Practice Standard:

24 (92.3%)

Number and Pct of LMEs that met the SFY 2006 Standard:

1 (3.8%)

Total

25 (96.2%)

Notes:

- Percentages less than 85% appear shaded and in bold font.
- ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.2.4. Consumer Information - Client Data Warehouse (CDW)
Identifying and Demographic Records

Performance Requirement: LME submits required CDW record types by the 15th of each month. Open clients who are enrolled in a target population and receive a billable service will have a completed identifying record (record type 10) and a completed demographic record (record type 11) in CDW within 30 days of the beginning date of service on the paid claims record.

The table below shows the percentage of clients admitted during the prior quarter (January 1, 2006 - March 31, 2006) with an identifying record and demographic record completed within 30 days of the beginning date of service.

Best Practice Standard: 90% of open clients who are enrolled in a target population and receive a billable service have completed identifying and demographic records within 30 days of the beginning date of service.
SFY 2006 Standard: 80% of open clients who are enrolled in a target population and receive a billable service have completed identifying and demographic records within 30 days of the beginning date of service.

Local Management Entity	Area Code	Percent With Records Completed Within 30 Days	Standard Met ²
Alamance-Caswell-Rockingham	205	98%	★★
Albemarle	412	100%	★★
Catawba	109	97%	★★
CenterPoint	202	99%	★★
Crossroads	201	91%	★★
Cumberland	305	100%	★★
Durham	207	100%	★★
Eastpointe	408	97%	★★
Edgecombe-Nash	405	Subject to Performance Agreement	
Five County	208	98%	★★
Foothills	105	98%	★★
Guilford	204	100%	★★
Johnston	307	100%	★★
Mecklenburg	110	82%	★
Neuse	407	100%	★★
New River	103	90%	★★
Onslow-Carteret	402	95%	★★
Orange-Person-Chatham	206	99%	★★
Pathways	108	98%	★★
Pitt	409	99%	★★
Roanoke-Chowan	410	99%	★★
Sandhills Center	303	100%	★★
Smoky Mountain	101	95%	★★
Southeastern Center	401	91%	★★
Southeastern Regional	304	98%	★★
Tideland	411	Subject to Performance Agreement	
Wake	308	99%	★★
Western Highlands	113	100%	★★
Wilson-Greene	404	Subject to Performance Agreement	

Number and Pct of LMEs that met the Best Practice Standard:

25 (96.2%)

Number and Pct of LMEs that met the SFY 2006 Standard:

1 (3.8%)

Total

26 (100%)

Notes:

1. Percentages less than 80% appear shaded and in bold font.
2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.2.5. Consumer Information - Client Data Warehouse (CDW)
Drug Of Choice Data

Performance Requirement: LME submits required CDW record types by the 15th of each month. A drug of choice record (record type 17) is completed within 60 days of the beginning date of service for clients enrolled in any of the following target populations: ASDHH, ASCDR, ASCJO, ASDSS, ASDWI, ASHMT, ASWOM, CSSAD, CSWOM, CSCJO, CSDWI, CSMAJ.

The table below shows the percentage of open clients in the designated target populations (January 1, 2006 - March 31, 2006) with a drug of choice record completed within 60 days of the beginning date of service.

Best Practice Standard: 90% of open clients in the designated target populations have a drug of choice record completed within 60 days.

SFY 2006 Standard: 80% of open clients in the designated target populations have a drug of choice record completed within 60 days.

Local Management Entity	Area Code	Percent With Records Completed Within 60 Days	Standard Met ²
Alamance-Caswell-Rockingham	205	95%	★★
Albemarle	412	95%	★★
Catawba	109	97%	★★
CenterPoint	202	100%	★★
Crossroads	201	96%	★★
Cumberland	305	99%	★★
Durham	207	100%	★★
Eastpointe	408	75%	
Edgecombe-Nash	405	Subject to Performance Agreement	
Five County	208	27%	
Foothills	105	100%	★★
Guilford	204	99%	★★
Johnston	307	100%	★★
Mecklenburg	110	86%	★
Neuse	407	99%	★★
New River	103	81%	★
Onslow-Carteret	402	94%	★★
Orange-Person-Chatham	206	96%	★★
Pathways	108	91%	★★
Pitt	409	48%	
Roanoke-Chowan	410	97%	★★
Sandhills Center	303	99%	★★
Smoky Mountain	101	14%	
Southeastern Center	401	95%	★★
Southeastern Regional	304	99%	★★
Tideland	411	Subject to Performance Agreement	
Wake	308	98%	★★
Western Highlands	113	99%	★★
Wilson-Greene	404	Subject to Performance Agreement	

Number and Pct of LMEs that met the Best Practice Standard:

20 (76.9%)

Number and Pct of LMEs that met the SFY 2006 Standard:

2 (7.7%)

Total

22 (84.6%)

Notes:

1. Percentages less than 80% appear shaded and in bold font.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.2.7. Consumer Information - DD Client Outcomes Inventory (DD-COI)
Initial Assessments

Performance Requirement: The LME, through providers, will collect outcomes information on its consumers following sampling methods and reporting schedules for the instrument being used. The instrument used will depend on the type of consumer. The DD COI is required for consumers ages 6 and over with a primary disability of DD whose case number ends in 3 or 6 (20% sample). The expected number of initial forms is the number of active consumers in the CDW in this age and disability group with case numbers ending in 3 or 6.

Best Practice Standard: 100% of the expected initial COI assessments are submitted within the timeframes specified in the COI manual.
SFY 2006 Standard: 90% of the expected initial COI assessments are submitted within the timeframes specified in the COI manual.

Local Management Entity	Expected # of Initial COI Assessments	Actual # of Initial COI Assessments Submitted	% of Expected COIs Submitted ¹	Standard Met ²
Alamance-Caswell-Rockingham				
Albemarle				
Catawba				
CenterPoint				
Crossroads				
Cumberland				
Durham				
Eastpointe				
Edgecombe-Nash	Subject to Performance Agreement			
Five County				
Foothills				
Guilford				
Johnston				
Mecklenburg				
Neuse				
New River				
Onslow-Carteret				
Orange-Person-Chatham				
Pathways				
Pitt				
Roanoke-Chowan				
Sandhills Center				
Smoky Mountain				
Southeastern Center				
Southeastern Regional				
Tideland	Subject to Performance Agreement			
Wake				
Western Highlands				
Wilson-Greene	Subject to Performance Agreement			
Totals				

The fourth quarter's results will be provided next quarter pending resolution of the differences in medical record numbers between LMEs and their contracted providers.

Number and Pct of LMEs that met the Best Practice Standard:

0 (0%)

Number and Pct of LMEs that met the SFY 2006 Standard:

0 (0%)

Total

0 (0%)

Notes:

1. Percentages less than 90% appear shaded and in bold font.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.2.9. Consumer Information - NC Treatment Outcomes and Program Performance System (NC-TOPPS)
Initial Assessments

Performance Requirement: The LME, through providers, will collect outcomes information on its consumers following sampling methods and reporting schedules for the instrument being used. The instrument used will depend on the type of consumer. The NC-TOPPS is required for all MH/SA consumers ages six and older and shall be entered in the web-based system within 30 days of completion of the assessment as specified in the NC-TOPPS Implementation Guidelines. The expected number of initial assessments will be based on the number of consumers in the relevant target populations for whom services are reimbursed through the IPRS or MMIS reimbursement systems during the time period under review. To ensure accuracy and completeness, data reported below are for two quarters ago (time-lagged two quarters).

Best Practice Standard: 100% of the expected initial forms are received on time.

SFY 2006 Standard: 90% of the expected initial forms are received on time.

Local Management Entity	Expected # of Initial Assessments ³	Criterion 1: Receipt		Criterion 2: Timeliness		Standard Met ²
		# of Initial Assessments Received	% of Expected Assessments Received ¹	# of Initial Assessments Received On-Time	% of Expected Assessments Received On-Time ¹	
Alamance-Caswell-Rockingham	130	86	66.2%			
Albemarle	99	99	100.0%			★★
Catawba	174	173	99.4%			★
CenterPoint	159	13	8.2%			
Crossroads	48	29	60.4%			
Cumberland	260	209	80.4%			
Durham	154	130	84.4%			
Eastpointe	66	49	74.2%			
Edgecombe-Nash		Subject to Performance Agreement				
Five County	118	86	72.9%			
Foothills	39	39	100.0%			★★
Guilford	357	300	84.0%			
Johnston	178	162	91.0%			★
Mecklenburg	4	0	0.0%			
Neuse	57	57	100.0%			★★
New River	158	99	62.7%			
Onslow-Carteret	149	72	48.3%			
Orange-Person-Chatham	166	40	24.1%			
Pathways	186	129	69.4%			
Pitt	32	25	78.1%			
Roanoke-Chowan	37	33	89.2%			
Sandhills Center	267	255	95.5%			★
Smoky Mountain	14	5	35.7%			
Southeastern Center	117	114	97.4%			★
Southeastern Regional	182	182	100.0%			★★
Tideland		Subject to Performance Agreement				
Wake	262	100	38.2%			
Western Highlands	194	145	74.7%			
Wilson-Greene		Subject to Performance Agreement				
Totals	3,607	2,631	72.9%			

The timeliness criteria was not considered this quarter in determining whether the standard was met.

Number and Pct of LMEs that met the Best Practice Standard:

4 (15.4%)

Number and Pct of LMEs that met the SFY 2006 Standard:

4 (15.4%)

Total

8 (30.8%)

Notes:

- Percentages less than 90% appear shaded and in bold font.
- ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.
- The expected number of initial assessments is based on the number of consumers who were admitted and had IPRS service claims paid during the quarter being reviewed. This number may be artificially low when data processing or transmission problems prevent LMEs from reporting their admissions to the Division's Client Data Warehouse.

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Information Management, Analysis, and Reporting.
1.8.2.13. Consumer Information - NC Support Needs Assessment Profile (NC-SNAP)

Performance Requirement: The LME, through providers, will submit to DMH/DD/SAS, by the 15th of each month, a file containing current assessment forms for all consumers receiving DD services.

Best Practice Standard: 100% of current assessments are no more than 15 months old.

SFY 2006 Standard: 95% of current assessments are no more than 15 months old.

Local Management Entity	Currency Of Assessments			Standard Met ²
	# Received	# No More Than 15 Months Old	% No More Than 15 Months Old ¹	
Alamance-Caswell-Rockingham	647	646	99.8%	★
Albemarle	355	340	95.8%	★
Catawba	373	369	98.9%	★
CenterPoint	1,064	1,061	99.7%	★
Crossroads	583	545	93.5%	
Cumberland	967	447	46.2%	
Durham	657	615	93.6%	
Eastpointe	961	683	71.1%	
Edgecombe-Nash			Subject to Performance Agreement	
Five County	673	671	99.7%	★
Foothills	549	493	89.8%	
Guilford	1,696	1,159	68.3%	
Johnston	359	357	99.4%	★
Mecklenburg	1,722	1,685	97.9%	★
Neuse	467	467	100.0%	★★
New River	563	530	94.1%	
Onslow-Carteret	674	455	67.5%	
Orange-Person-Chatham	881	839	95.2%	★
Pathways	1,518	1,470	96.8%	★
Pitt	533	507	95.1%	★
Roanoke-Chowan	304	285	93.8%	
Sandhills Center	1,191	982	82.5%	
Smoky Mountain	469	449	95.7%	★
Southeastern Center	813	807	99.3%	★
Southeastern Regional	981	945	96.3%	★
Tideland			Subject to Performance Agreement	
Wake	1,929	1,751	90.8%	
Western Highlands	1,602	1,204	75.2%	
Wilson-Greene			Subject to Performance Agreement	
Totals	22,531	19,762	87.7%	

Number and Pct of LMEs that met the Best Practice Standard:

1 (3.8%)

Number and Pct of LMEs that met the SFY 2006 Standard:

13 (50%)

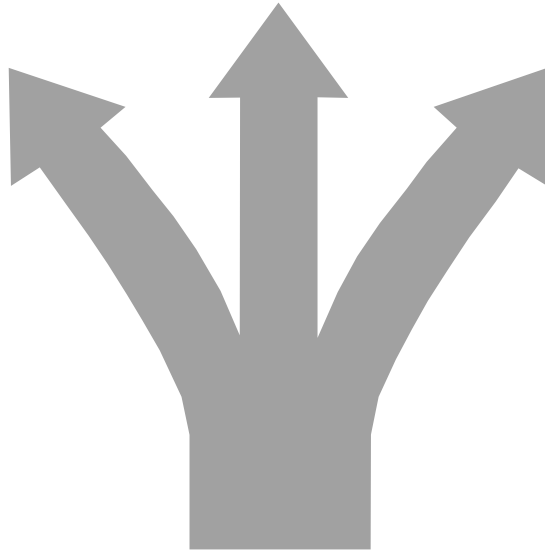
Total

14 (53.8%)

Notes:

1. Percentages less than 95% appear shaded and in bold font

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.



Please give us feedback so we can improve these reports by making them more informative and more useful to you!

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